

**Troop 31
Spring Camporee
May 14-16, 2010**

The Dutchess District 2010 Spring Camporee will be held at the **Dutchess County Fairgrounds, Rhinebeck, NY**. Make sure you pack for **Spring** camping. You will be camping in tents and there will be outdoor activities most of the day. Wear clothing that is appropriate for the activities and weather. **Make sure you have an extra set of warm dry clothes.** "Be Prepared!" Make sure you review a copy of the personal equipment list in your handbook for help in packing. **Please meet at Dutchess County Fairgrounds at 6:00 pm, Friday.** Plan to be **picked up at 10:00 am on Sunday.** **Registration Fee and Meals will be \$35.00 per person, due no later than Wed. April 7th** This will include the meals your patrol has planned.

Deadline for Registration and \$35.00 fee is Wednesday, April 7th

Scoutmaster Ed Olson (677-2082) will be the adult in charge. Please call if you have additional questions. Please detach the bottom half of this form and retain the upper portion for your information.

Emergency contact for this event will be Laurie Olson 677-2082 or 527-7814 cell.

PLEASE RETURN BY WEDNESDAY, April 7th WITH \$35.00 CASH FEE.

We will return to the Thorne building to help return Troop gear and go home from there.

Cut and return bottom portion: Keep top portion for your information

WAIVER OF RESPONSIBILITY – Troop 31, Boy Scouts of America

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well being of my Scout (son/ward) namely: _____ on the activity named below, I agree to his participation and waive all claims against the leaders of this trip, officers, agents and representatives of the Boy Scouts of America, and the sponsor.

In the event of an emergency, the adult leader in charge has my permission to obtain medical treatment for this Scout at the nearest hospital or doctor, at my expense, if our own doctor is not readily available, and as restricted on the Emergency Data Sheet on file with Troop 31.

(Signature of parent or guardian)

(Date)

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EMERGENCY INFORMATION (In addition to Emergency Data Sheet information)

During the activity listed above, I can be contacted at the following telephones and will accept long distance calls. (____) _____ or (____) _____

Secondary contact: _____ Phone: _____

This Scout is highly allergic or sensitive to: _____

What, if any medication is this Scout currently taking: _____

All medications are to be turned over to the Scout Master.

Any special instructions: _____

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