



# Kal-Haven Bike & Van Buren SP Camping

Kal-Haven Trail and Van Buren State Park, South Haven, MI Sept 30-Oct 1, 2017

**General Information:**

- **Cost:** \$20 per person. Multiple members of same family = 1st \$20; 2nd \$20; 3rd \$15; 4th \$15
- **Drop Off:** 9:30 am Saturday 9/30 at the Trail Head/Staging Area in Gobles, MI (on M-40, across from the hardware store).
- **Pick Up:** 12:00 noon Sunday 10/1 @ the Mattawan Later Elementary parking lot.
- **Gear:** Scouts camping gear will be loaded into the Troop trailer and transported ahead to the campsite. Bring a sack lunch and a canteen or bottled water for the bike trip. See Scout Handbook for additional info.
- **Bikes:** Must be in good repair and suited for a 20 mile trip. Proper **BICYCLE HELMETS** must be worn at all times on the trail. Bikes will be transported back to the school via trailer on Sunday.
- **Medical Forms:** Current BSA Medical form (part A and B) must be completed and on file for all Youth and Adults attending Scout events. If you do not have a current BSA medical form (A-B) on file with the Troop you will need to do so. Please contact Mrs. Garmin to make sure the troop has your forms on file.
- **Behavioral Contract:** Please understand that in case of serious rule violation(s) and per the Troop behavioral contract, I may be contacted to pick up my son from activity prior to its completion.

For questions regarding this event please call:

Scoutmaster: Dan Chopp/ cell (269) 998-2042 or Activity Coordinator: Dave Alsvig/ Cell (616) 970-1432

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My son(s), \_\_\_\_\_ has/have my permission to **bike hike and camp** with Boy Scout Troop 161 on the **Kal-Haven Trail/ Van Buren SP on Sept 30-Oct 1, 2017**. I will make sure my child does not attend if he is not feeling well, and that the Troop Leader is so notified. I also understand that in case of serious rule violation(s) and per the Troop behavioral contract, I may be contacted to pick up my son from the activity prior to its completion.

Patrol(s): \_\_\_\_\_

Remarks (restrictions, allergies, medication)

Note: All medications are to be in their original container(s) and in a "zip-lock" type plastic baggie with the Scouts first and last name clearly written on the bag.

Home phone: \_\_\_\_\_ Emergency/Cell phone: \_\_\_\_\_

### Parent's Consent to Participate

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational organization, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well-being of my son(s)/ward(s) during this trip or activity, I hereby agree to his (their) participation in the activity listed above on this form, and waive all claims against the leaders of this activity or trip and the officers, agents and representatives of the Boy Scouts of America.

\_\_\_\_\_  
Signature of parent or guardian

Adults:

I am able to attend this event \_\_\_\_\_ and/or assist with transportation \_\_\_\_\_

I have sufficient seat belts to transport \_\_\_\_\_ Scouts in my vehicle.