



## September '10 Beach Camping at Cape Henlopen, Delaware

Troop 2 will travel to Lewes, DE to camp at the beach on Cape Henlopen State Park. Cape Henlopen's beaches attract thousands of visitors who enjoy ocean swimming and sunbathing. Experience the park's scenic and ever-changing landscape - and get a lesson in history climbing to the top of the World War II Observation Tower. Explore the coastal environment along the Seaside or the Pinelands Nature Trails, or hike the six miles of beach along the Atlantic Ocean. Driving time is approximately 2 hours 30 minutes.

For more info: <http://www.destateparks.com/park/cape%2Dhenlopen/index.asp>

**Meet:** Friday, September 10<sup>th</sup> at 5:30 PM at the parking lot of St. Joseph's Catholic School.  
**Return:** Sunday, September 12<sup>th</sup> at 11:00 AM to St. Joseph's Catholic School parking lot.  
**Cost:** \$20 per person. (Includes campsite fee and meals)  
**RSVP:** Please sign and return this consent form to **Mr. Wilson** with payment (**cash or check**).  
**Due Date:** No later than **Thursday, September 2<sup>rd</sup>**.



I, \_\_\_\_\_, give my child, \_\_\_\_\_, age \_\_\_\_\_, permission to go with Troop 2 of Downingtown, PA to Cape Henlopen State Park in Lewes, DE. Leaving at 6:00 PM on Friday, September 10th from St. Joseph's Catholic School in Downingtown, PA and returning to same on Sunday, September 12th at 11:00 AM. I will update the Scoutmaster's staff of any and all health information and/or restrictions (see below). I am aware that my personal insurance is the primary policy in case of an accident and the Unit insurance is secondary.

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risks involved and have given consent for myself and/or my child to participate in the activity. I understand that participation in the activity is voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scout of America, the local council, the troop, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of an emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardians, and/or determination of the participant's ability to continue in the activity.

Participant's signature:	Parent/Guardian signature:	Date:	Phone:
Special considerations or restrictions:			
Cost \$20.00 per person.	Paid To: _____ Check #: _____		
Number Attending _____	Date Rcvd: _____		
Total Cost = _____	Attendees: _____		
	Total: _____		
<b>Troop Tents:</b>	will your Scout be using one?	YES NO	will you be using one? YES NO

**Please indicate if you:** will **attend** the event? YES NO will **drive to/from** the event? YES NO

<i>If you will transport scouts, please provide the following information. If you have previously provided this information, please indicate any changes. Otherwise, please indicate the information is "ON FILE".</i>				
<b>Vehicle:</b>	Make:	Model:	Year:	Seatbelts:
<b>Vehicle owner's name:</b>	Driver's license number:			
<b>Insurance Company:</b>				
<b>Coverage:</b>	Per person \$	Per accident \$	Property damage \$	