



# Canoeing Campout

## 18-20 June 2010

### Proud Lake Recreation Area

- Camp** Scouts will build arm muscles paddling to and from Proud Lake. Midway through the trek, they will relax with a lunch on the beach.  
**Camp address:** 3500 Wixom Rd, Commerce Township, MI 48382  
**Canoe rental:** Heavner Canoe & Kayak Rental, 2775 Garden Rd, Milford, MI 48381
- Cost** \$40 (Camping - \$5, Canoe Rental - \$15, Car Gate Fee - \$3, Driver - \$5, Food - \$12)  
 Use scout account, cash, or check payable to **Troop 457**
- Safety Afloat** Each camper who will canoe must be certified as a "swimmer".  
*Swimmer test: Jump feet first into water over your head. Swim 75 yards in a strong manner using one or more of the following strokes: sidestroke, breaststroke, trudgen, or crawl. Then swim 25 yards using an easy resting backstroke. The 100 yards must be swum continuously and include at least one sharp turn. After completing the swim, rest by floating. This qualification test should be renewed annually.*
- Departure** Friday, 18-June-2010, 6pm, from the Liberty School south parking lot.  
 Please arrive fifteen minutes before departure.
- Uniform** Class A uniform  
 Payment and completed permission slip is due **Monday, 7 June 2010**

**Payment:** Date: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Account Cash Check # \_\_\_\_\_

### Troop 457 Activity Participation Authorization

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 insure the safety and well-being of all participants during the activity noted below, I hereby acknowledge my awareness and grant my permission for my son, or ward, to participate in the activity. I further state that my son is in good health so far as I know, and that he has permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injection or surgery for my son.

**Activity:** Canoeing Campout      **Departing:** 18-June-2010      **Returning:** 20-June-2010

**Participant Name(s):** \_\_\_\_\_

**Parent or Guardian Signature:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_      **Cell Phone:** \_\_\_\_\_

**Available to drive:**      Y      N      **If yes, number of seat belts:** \_\_\_\_\_  
**Drivers are reimbursed for gas expenses per troop policy**

**Payment:** Date: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Account Cash Check # \_\_\_\_\_