# Troop 17

### 2025 Burger's Lake Outing August 5, 2025

#### Program:

It's a Troop 17 Tradition! We load up at the Harry Male Scout Lodge in the bus and head out for an afternoon of swimming, swinging, and diving at the little local swimming hole: Burgers Lake.

We will leave from the Harry Male Scout Lodge at 2:00 pm and return around 8:00 pm (scouts will call or text with more precise ETA)

### **Departure information:**

Uniform: Grey Troop T-shirt & swim trunks

Location: Harry R. Male Scout Lodge
Time: 2:00 pm – Tuesday August 5th

#### Gear List (put your name on everything):

- Raingear: always
- Clothes
  - Grey Troop t-shirt
  - o Swimsuit
  - Socks
- Close toe shoes: worn at the lodge and on the bus; NO SANDALS
- Sunscreen
- Sunglasses with a strap
- Towel
- Nalgene full of water
- Money: to spend at Burgers Lake
- Pen and Paper: for advancement or to get a phone number or two???
- Greencard: for advancement

# Troop 17

## Activities and Permission Slip Release

| Activity   | Overnight Campout  | Long Term Camp                |  |
|--|--|-------------------------------|--|
|  | X Field Trip   | Other                         |  |
| Destination<br>Dates                             | Burgers Lake – 1200 Meandering Road Fort Worth<br>August 5, 2025<br>All departures and arrivals will occur at the Scout lodge unless given prior permission.   |                               |  |
| Aquatic activity                                 | Yes  |                               |  |
| Activity Fee                                     | \$30 Total (\$15 camp fee + \$5 transportation + \$10 food + \$0 other)  |                               |  |
| Scout Camp<br>Contact Info (all<br>camps listed) | Worth Ranch, Palo Pinto TX 940-659-2195  McClure Property @ Worth Ranch (on WR Road, before the main gate) Sid Richardson Scout Ranch, Runaway Bay TX 940-575-4243 Camp Constantin, Grayford TX 940-779-2131 |                               |  |
|  | Medical Re   | lease and Waiver of Liability |  |

\*\*\* Return this portion to your Patrol Leader \*\*\*

Boy Scouts of America Troop 17, chartered by St. Stephen Presbyterian Church

| I understand that participation in the activity involves a cer   |               |                             |                       |  |  |
|--|---------------|-----------------------------|-----------------------|--|--|
| acknowledging the risks both known and unforeseeable, I agree  |               |                             |                       |  |  |
| activity and specifically and irrevocably waive all claims and   |               |                             |                       |  |  |
| volunteers, and committee members of Troop 17, the Longhorn  |               | •                           | •                     |  |  |
| the sponsor. I further acknowledge the fact that the Boy Scouts  |               |                             |                       |  |  |
| abide by applicable rules and standards. I have full confidence the  | •             | -                           |                       |  |  |
| well being of the participants. In the event of an emergency, th   |               |                             | -                     |  |  |
| medical treatment, including hospitalization, anesthesia, surger   |               | ·                           | •                     |  |  |
| expense. <b>Medical providers are authorized to disclose</b> to the adult in charge examination findings, test results, and treatment provided for the purpose of medical evaluation of the participant, follow-up and communication with the participant's guardian, and/or |               |                             |                       |  |  |
| determination of the participant's ability to continue in the Troo   | •             | ication with the participan | it s guardian, and/or |  |  |
| determination of the participant 3 ability to continue in the 1100   | p 3 detivity. |                             |                       |  |  |
| Parent/Guardian Signature  | Printed Name_ |                             | Date                  |  |  |
| Emergency contact numbers  | Date of       | participant's last tetanus  | shot                  |  |  |
| Please note if early pickup or late arrival (parent/adult mus  | st drive):    |                             |                       |  |  |
|  |               |                             |                       |  |  |
| List all participant's medications and dosing instructions: _  |               |                             |                       |  |  |
|  |               |                             |                       |  |  |
|  |               |                             |                       |  |  |
|  |               |                             |                       |  |  |

List all participant's allergies, including drug allergies:\_\_\_\_\_