

# ChallengeWorks Campout      Friday, 9/ 29 – Sunday, 10/ 1, 2006

## *aka Ropes Course*

**ChallengeWorks...**Saturday, September 30<sup>th</sup>, we will have a full day of exciting and challenging teambuilding activities conducted on both a ropes course and an obstacle course. We'll start at 8:00 a.m. and be at it until around 4:30 p.m. It will be fun, exhilarating and challenging both physically and mentally. ChallengeWorks is offered through the Outdoor Education Institute at Texas A&M. It's a program used by Scout Troops, university organizations, non-profits and companies including many of the best known firms in Texas. Participants will learn a lot about themselves as individuals and as team members.

**Campsite:** Lake Bryan Park is just a few miles from the ChallengeWorks facility.

**Schedule:** *Friday, September 29th, bring your tent & backpack to GSES no later than 5:00 p.m. for a 5:30 departure.* (Bring a sack dinner or money for a quick stop on the way.) Campfire and cracker barrel upon arrival. Saturday, September 30<sup>th</sup>...ChallengeWorks Program from 8:00 a.m. to approximately 4:30 p.m. followed by campfire and dinner. Sunday, October 1st...tour the A&M campus with a Troop 124 Eagle or other friend of the Troop. Return to GSES approx. 4:30 p.m. Sunday, October 1st.

**Cost:** \$50.00 for Scouts / \$20.00 for adults. **Additional medical form reqd. for ChallengeWorks, c.f. Troop website.**

KEEP TOP PORTION FOR INFORMATION, RETURN THIS PORTION WITH YOUR CHECK  
TO CHIP BENSING, TREASURER

My son, \_\_\_\_\_, has permission to participate in the Troop 124 ChallengeWorks campout at Texas A&M University on September 29 – October 1, 2006.

I, \_\_\_\_\_, will be able to accompany the troop on this campout. If YES, I have \_\_\_\_\_ seatbelts available for passengers.

Please find attached our check for \$ \_\_\_\_\_. (\$50.00 for Scouts / \$20.00 for adults. **ChallengeWorks** is \$46 per participant including Saturday lunch.)

### **MEDICAL WAIVER**

In case of emergency, I understand every effort will be made to contact me. In the event that I cannot be reached, or the situation requires immediate action, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment which may include hospitalization, anesthesia, surgery, or injections of medication for my son. During the activity, I may be reached at (phone number): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

If I cannot be reached in the event of an emergency, the following person is authorized to act in my behalf:

Name: \_\_\_\_\_, Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relation to Participant: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Remarks: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_