

**Boy Scout Troop 76**  
**Ridgefield, Connecticut**

*The Official*  
**Equipment List**

**Event: Sturges Park Town wide Camporee**  
**May 19<sup>th</sup> and 20<sup>th</sup>**

**Clothing**

- ☐ Class "A" Uniform
- ☒ Class "B" Uniform
  
- ☐ Winter Parka
- x Warm Jacket
- ☒ Light Jacket or Windbreaker
- ☒ Sweater or Sweatshirt
- x Extra Pants, Shirt, Socks and Underwear
- ☐ Long Underwear
- ☐ Snow or Ski Pants
  
- ☐ Wool Socks
- ☐ Sock Liners
- ☒ Cotton Socks
- ☒ Work Gloves
- ☒ Work Shirt and Pants for Painting and other Projects
- ☒ Hat, Scout
- ☐ Hat, Wool
- ☒ Rain Gear or Poncho
- ☐ Boots, Winter
- ☒ Boots, Hiking or Work
- ☐ Sneakers
- ☐ Bathing Suit

**Equipment**

- ☒ Backpack or Large Duffel Bag
- ☒ Sleeping Bag (3 Season)
  
- ☒ Sleeping Pad
- ☐ Blanket
- ☒ Mess Kit
- ☒ Eating Utensils
- ☒ Flashlight
- ☒ Extra Bulb and Batteries
- ☒ Pocket Knife & Totin' Chip Card
- ☒ 2,1- Quart Water Bottle or Canteen filled with water)
  
- ☐ Map(s)
- ☐ Compass
- ☐ Matches
- ☐ Fire starter
  
- ☐ Kindling
- ☒ First Aid Kit
- ☐ Whistle
- ☐ Rope
- ☐ Repair Kit
- ☐ Bear Bag
- ☒ Day Pack
- ☒ BSA Handbook
- ☐ BSA Fieldbook
- ☒ Merit Badge Book(s)

**Personal**

- ☒ PERMISSION SLIP
- ☒ HEALTH FORM/ Medication Consent Form
- ☒ Soap
- ☐ Shampoo
- ☒ Toothbrush
- ☒ Toothpaste
- ☒ Small Mirror
- ☒ Comb or Hairbrush
- ☒ Toilet Paper (10 pcs.)
- ☐ Plastic Trash Bags (2)
  
- ☒ Small Towel
- ☐ Bandanna
  
- ☒ Insect Repellent
- ☐ Coins (for Emergency)
  
- ☒ Emergency Medical Information
- ☒ Prescription Medication (give to adult leader)
- ☒ Sunglasses
- ☒ Sunscreen
- ☒ Snacks

**Optional**

- ☐ Hiking Staff
- ☒ Camera & Film
- ☐ Fishing Rod & Tackle
- x Hand Warmers
- ☐ Money (\$\_\_\_\_\_)
- ☒ Work gloves, shovel, wheelbarrow

**DO NOT BRING** (will be confiscated and returned to a parent)

- ☒ Electronic Devices (Game Boy, ipod, Radio, CD or Tape Player, Laptop Computer, Television, etc.)
- ☒ Water Guns (Pistol, Pump-action, etc.)

# **Boy Scout Troop 76**

## **Ridgefield, Connecticut**

- ☒ Sheath Knives (any fixed-blade knife, bowie, etc.)

**Boy Scout Troop 76**  
**Ridgefield, Connecticut**

## **Participation Consent Form**

**Trip:** Sturges Park, Ridgefield, CT

**DO NOT BE LATE!**

**Date:** Saturday, May 19 – Sunday, May 20

**Meet at:** Jesse Lee Parking Lot: Saturday, May 19, 2018 at 7:30 a.m.

**Pickup:** Jesse Lee Parking Lot: Sunday, May 20, 2018 at 10 a.m.

**In case of Emergency, contact Troop through:**

ASM Matthew Breitenbach – 203 858-5894; [mbreitenbach@r4cloud.com](mailto:mbreitenbach@r4cloud.com)

ASM Randy Carlson – 203 685-8990; [randy.carlson@mac.com](mailto:randy.carlson@mac.com)

ASM Ganesh Natarajan - 203 417-5272; [natgan40@gmail.com](mailto:natgan40@gmail.com)

***Dear Parent:** This form is necessary and required for each and all troop activities. No individual will be permitted to attend this trip unless this form is signed and returned to Troop 76 prior to the departure for the trip. We will do everything reasonably within our power to provide for the safety of each participant. It is our intent to provide adequate adult supervision through the Troop leaders and parent volunteers that will attend this trip.*

\* \* \* \* CUT TOP AND SAVE \* \* \* \*

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**Trip:** Sturges Park Camporee

**Date:** Saturday, May 19 – Sunday, May 20

*In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational, nonprofit institution, membership and participation in which is voluntary, and having full confidence that every reasonable precaution will be taken to ensure the safety of the participant named below on this activity, I hereby agree to his participation and waive all claims against the leaders of this trip, officers, agents, and representatives of the Boy Scouts of America, this Troop, and the sponsor.*

Scout Name:

Any condition now requiring medication? ☐ No ☐ Yes

Name of medication & dosage:

Any restriction of activity for medical reasons? ☐ No ☐ Yes

If Yes, explain in detail:

Special medical instructions (e.g. drug or food allergies):

*In the event I cannot be reached in an emergency, or if an attending physician or health care provider believes immediate medical care is required without delay, I hereby give permission to the physician or health care provider, selected by the adult leader, to secure medical treatment, hospitalize, secure anesthesia, or to order injection or surgery for the participant named above, at my expense.*

Signature of Parent or Guardian:

Date:

Address:

Phone:

Emergency Contact:

Phone:

Health Insurance Company:

Policy Number:

Family Doctor:

Phone: