

# **WHITEWATER RAFTING TRIP – TAPI SHEET**

## **FRI., MAY 9 – SUN., MAY 11, 2008**

**Whitewater Rafting on the Youghiogheny River at Ohiopyle, PA. Camp Fri. & Sat. nights at Ohiopyle State Park (with real showers & bathrooms). Saturday's rafting trip starts at 10 am and takes 3-5 hours to cover 7.5 miles and 22 Class III and IV rapids! Raft trips are accompanied by guides in kayaks. Rafting trip includes lunch on the river bank. Scouts must be 12 years or older and have passed BSA Swimmer test prior to trip. All rafters must wear wet suits, life jackets & helmets (provided). No previous rafting experience needed.**

**Release Form & Permission Slip - Parents - fill in BOTH permission slip at bottom AND WHITEWATER ADVENTURERS RELEASE FORM and turn in to Ms. Soukup.**

**NO RELEASE FORM / NO SLIP --- NO TRIP!**

**Travel -** Meet at St. Patrick's Friday at 4:30 pm & carpool to Ohiopyle State Park (will stop for fast food on the way). Return to St. Patrick's on Sunday around 1:00 pm.

**Emergency Contact –** Trip Leader - Lise Soukup (cell)- (240) 205-4341

**Total Weekend Costs – \$103** (includes rafting trip, wetsuit rental and raft group photo)  
Payment due to Troop Treasurer by Thurs., April 18.

**Bring For Weekend -**

- sleeping bag & pad, pillow
- clothes, toiletries for weekend
- medicines
- bug spray & sunscreen
- mess gear
- water bottle
- flashlight
- rain gear
- first aid kit
- bag dinner/money for dinner on Fri. night

**Bring For Rafting -**

- snug-fitting bathing suit & synthetic T-shirt (nylon, UnderArmor, Dri-Weave, etc. – no cotton)
- wool socks & old sneakers for rafting (no sandals or Crocs allowed)
- Croaker strap to secure sunglasses
- waterproof disposable camera
- waterproof sunscreen
- any medicines you need that day
- beach towel and change of clothes & shoes for after trip

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*(Permission Slip - Tear off & turn in)*

**I give permission for \_\_\_\_\_ to attend the Whitewater Rafting trip. In the event of illness or injury, I authorize the trip leaders to seek medical treatment.**

**Date:** \_\_\_\_\_ **Parent/Guardian signature:** \_\_\_\_\_

**Medical insurance information:**

**(Plan name/Group/Member #)** \_\_\_\_\_

