SCOUTS BSA TROOP 728

Meeting Handout

Wednesday, June 19, 2019

7:00-9:00 PM

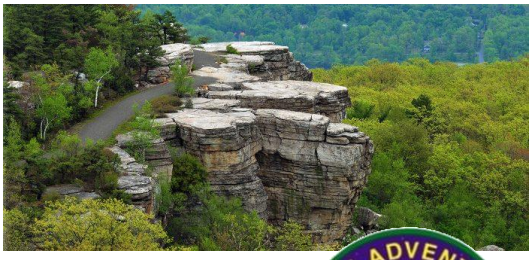
"The real way to get happiness is to give it to others." – Lord Robert Baden-Powell

COURT OF HONOR

6:30 PM:	Setup/Scoutmaster Conference
7:00 PM:	Color Guard Rehearsal/ Final Board of Review
7:30 PM:	Court of Honor

Name	Rank Award
Ronan Culhane Altagracia	*Scout*
Joshua Scott Caulfield	*Scout*
Dylan Hardy	*Scout*
John Jerez	*Scout*
Luc Hudson LeCroy	*Scout*
Noah Meserve	*Scout*
Adam Sabbar	*Scout*
Aden Thom	*Scout*
Demyan Kruglov	*Tenderfoot*
Matthew Penafiel	*Tenderfoot*
Luke Hudson Hoppa	*Second Class*
Robert MacFarlane	*Second Class*
Paul O'Riordan-Shimkin	*Second Class*
Kevin Patrick Russell	*Second Class*
Allan Saul Arias	*Star (awarded March 2019)*

Congratulations to the Scouts of Troop 728, their parents, leaders and our Chartered Organization, the Church of the Good Shepherd!



June 21-23: High Adventure Trip to the Gunks

Destination:	Shawangunk Ridge
Trip Leaders:	Daniel Gurdak, ASM
	Adam Perez, ASM
	Gabriel Florimon, ASM
Contact Info:	dgurdak@gmail.com
	gabe.florimon@gmail.com / (347) 444-0833
	drew0116@gmail.com / (646) 373-7361
Required:	Signed Permission Slip
Details:	**SEE ATTACHED**

June 24: June Troop Committee Meeting

No Scout Meeting that Night
7-8:30 PM
Inwood Local
4957 Broadway (back room)
All Parents Welcome!

July 10: July Troop Committee Meeting

7-8:30pm / Location TBA

July 7-13: Summer Camp

Destination:	Ten Mile River Scout Camp
	1481 Crystal Lake Rd
	Narrowsburg, NY 12764
Website:	tenmileriver.org
Campership:	https://www.bsa-nyc.org/campership

Follow Troop 728 on Social Media!

Website:	www.troop728.org
Facebook:	www.facebook.com/troop728
Twitter:	@troop728
Instagram:	scouts728
Telephone:	(646) 543-6728

Note: *Please forgive any errors or omissions.*

ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

FORMULARIO DE CONSENTIMIENTO Y APROBACIÓN DE ACTIVIDAD POR PARTE DE LOS PADRES DE FAMILIA O TUTORES

The recommended use of this form is for the consent and approval for Cub Scouts, Boy Scouts, Varsity Scouts, Venturers, and guests to participate in a trip, expedition, or activity. It is required for use with flying plans.

El uso recomendado de este formulario es para obtener el consentimiento y aprobación para Cub Scouts, Boy Scouts, Varsity Scouts, Venturers, e invitados para participar en un viaje, expedición o actividad. Es obligatorio para su uso con planes de vuelo.

First name of participant / Nombre del participante _____ Middle initial / Inicial del segundo nombre _____ Last name / Apellido _____

Birth date (month/day/year) / Fecha de nacimiento (mes/día/año) ___ _____ / _____ /_____ Age during activity / Edad al momento de realizar la actividad _____

Address / Domicilio _____

City / Ciudad _____ State / Estado _____ Zip / Código postal _____

Has approval to participate in (name of activity, orientation flight, outing trip, etc.) / Tiene la aprobación para participar en (nombre de la actividad, vuelo de orientación, excursión, etc.) Gunks Trip From / De 6/21/19 (Date) (fecha) to / a 6/23/19 (Date) (fecha)

INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge and/or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

With appreciation of the dangers and risks associated with programs and activities including preparations for and transportation to and from the activity, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

NOTE: The Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. List any restrictions imposed on a child participant in connection with programs or activities below and counsel your child to comply with those restrictions.

List participant restrictions, if any: _____
■ None

CONSENTIMIENTO INFORMADO, CONVENIO DE EXONERACIÓN Y AUTORIZACIÓN

Entiendo que la participación en actividades Scouting implica el riesgo de lesiones personales, incluyendo la muerte, debido a los retos físicos, mentales y emocionales en las actividades que se ofrecen. Se puede obtener información sobre dichas actividades en la sede, con los coordinadores de la actividad o el concilio local. También entiendo que la participación en estas actividades es totalmente voluntaria y requiere que los participantes sigan instrucciones y acaten todas las reglas y normas de conducta pertinentes.

En caso de que mi hijo se vea involucrado en una emergencia, entiendo que se realizarán esfuerzos para contactarme. En caso de que yo no pueda ser localizado, por este medio otorgo permiso al proveedor de servicios médicos para garantizar el tratamiento adecuado, incluyendo hospitalización, anestesia, cirugía o inyecciones de medicamentos para mi hijo. Los proveedores de servicios médicos están autorizados a revelar información médica protegida al adulto a cargo, médico o proveedor de servicios médicos involucrado en la prestación de atención médica para el participante. La Información de salud protegida/Información médica confidencial (PHI/CHI, por sus siglas en inglés) bajo los Estándares de privacidad de información médica individualmente identificable, 45 C.F.R. §§ 160.103, 164.501, etc., y siguientes, como se enmiendan de vez en cuando, incluyen resultados de reconocimientos médicos, resultados de pruebas y el tratamiento proporcionado para fines de evaluación médica del participante, seguimiento y comunicación con los padres o tutor legal del participante, o determinación de la capacidad del participante para continuar en las actividades del programa.

Con reconocimiento de los peligros y riesgos asociados con los programas y actividades incluyendo preparativos y transportación hacia y desde la actividad, en mi propio nombre o en nombre de mi hijo, por este conducto eximo total y completamente, y renuncio a cualquiera y toda reclamación por lesiones personales, muerte o pérdidas que puedan surgir, a la organización Boy Scouts of America, el concilio local, los coordinadores de la actividad y todos los empleados, voluntarios, grupos involucrados, u otras organizaciones asociadas con cualquier programa o actividad.

NOTA: La organización Boy Scouts of America y los concilios locales no pueden vigilar continuamente el cumplimiento de los participantes del programa o cualquier limitación impuesta sobre ellos por los padres o proveedores de servicios médicos. Enumerar más abajo las restricciones impuestas a un niño participante en relación con los programas o actividades.

Restricciones del participante, si existen: _____
■ Ninguna

Participant's signature / Firma del participante _____ Date / Fecha _____

Parent/guardian printed name / Nombre con letra de molde del padre de familia/tutor _____ Parent/guardian signature / Firma del padre de familia/tutor _____ Date / Fecha _____

Area code and telephone number (best contact and emergency contact) / Código de área y número telefónico (primer contacto y contacto de emergencia) _____ Email (for use in sharing more details about the trip or activity) / Correo electrónico (para informar más detalles sobre el viaje o actividad) _____

Contact the adult leader with any questions:
Póngase en contacto con el líder adulto si es que tiene preguntas:

Name / Nombre Gabe Florimon Phone / Teléfono 347-444-0833 Email / Correo electrónico gabe.florimon@gmail.com

BOY SCOUTS OF AMERICA®

680-673
2014 Printing

Trip: Gunks Area Hiking and Climbing Trip (expected 5-10 mile hike)
Dates: June 21-23, 2019
Depart: 7 pm, Friday, June 21
Return: 3pm, Sunday, June 23
Estimated Cost: $20-25$ per person (includes $10 entry for climbing)
Location/s:

- ***Hiking***: LongPath Trail/ Shawangunk Ridge Trail (starting at Shawangunk Ridge State Forest to Roosa State Forest/ Wurtsboro Ridge State Forest)
- ***Climbing Location****:* Peter's Kill

Trip Learning Objectives:
Leave no Trace, Orienteering, Backpacking, Camping, Climbing

Itinerary:
Friday, June 21

- Drive to Shawangunk Ridge State Forest; park at, "Route 52 Parking Area (41.66693°N, 74.404012°W)"- https://maps.google.com/maps?daddr=41.66693,-74.404012
- Set up camp at suitable site between parking lot and LongPath trail (there are no designated camp grounds but we can set up wherever as long as we follow Leave no Trace).
- Adults will drop cars at "bailout" and destination parking lots

Saturday, June 22

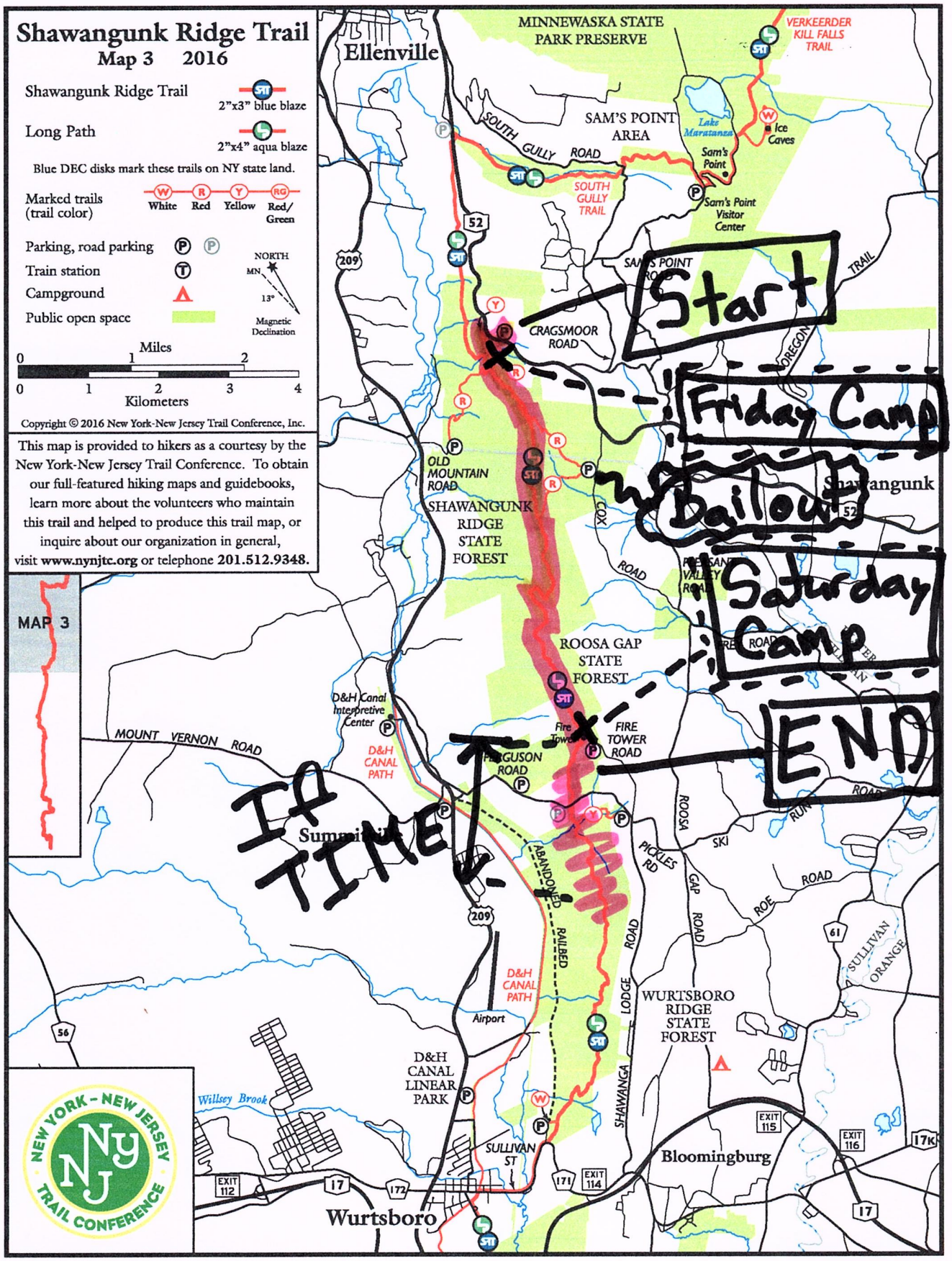
- Start hike in, "Shawangunk Ridge State Forest"
    - follow yellow trail to LongPath trail
- Follow LongPath trail South to, "Roosa State Forest", with additional loops if time/ energy allows
- If time (and energy) allows for more, hike further south into Wurtsboro Ridge State Forest an back track to Roosa State Forest
- Camp in Roosa State Forest; about ½ mile away from: "Plank Road (Fire Tower Road) Parking Area, at the end of Plank Road: (41.616728°N, 74.425445°W)"- https://maps.google.com/maps?daddr=41.616728,-74.425445
- Adults will pick up all cars and park at Plank Road lot

Sunday, June 23

- After early breakfast, 30 min drive to Peter's Kill climbing area; Note- $10 entry per person
- Hike the loop around the upper and lower trail (great views from upper trail); Adam/Daniel will set up a couple of climbs and a repel
- Leave early afternoon

Links:
Shawangunk Ridge State Forest: https://www.dec.ny.gov/lands/103454.html
Roosa Gap State Forest: https://www.dec.ny.gov/lands/104048.html
Wurtsboro Ridge State Forest: https://www.dec.ny.gov/lands/103463.html
Peter's Kill: https://rockclimbingpeterskill.com/about/minnewaska-state-park-preserve

PLAN


Shawangunk Ridge Trail
Map 3 2016
Shawangunk Ridge Trail
2"x3" blue blaze
Long Path
2"x4" aqua blaze
Blue DEC disks mark these trails on NY state land.
Marked trails (trail color)
White Red Yellow Red/Green
Parking, road parking
Train station
Campground
Public open space
NORTH
MN
13°
Magnetic Declination
Miles
0 1 2
0 1 2 3 4
Kilometers
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MAP 3
Ellenville
MINNEWASKA STATE PARK PRESERVE
VERKEERDER KILL FALLS TRAIL
SAM'S POINT AREA
Lake Maratanza
Ice Caves
Sam's Point
Sam's Point Visitor Center
SOUTH GULLY ROAD
SOUTH GULLY TRAIL
SAM'S POINT ROAD
CRAGSMOOR ROAD
OREGON TRAIL
Start
Friday Camp
Bailout
Saturday Camp
END
OLD MOUNTAIN ROAD
SHAWANGUNK RIDGE STATE FOREST
COX ROAD
PLEASANT VALLEY ROAD
ROOSA GAP STATE FOREST
FIRE TOWER ROAD
D&H Canal Interpretive Center
D&H CANAL PATH
MOUNT VERNON ROAD
FERGUSON ROAD
IN TIME
Summitville
ABANDONED RAILBED
PICKLES RD
ROOSA GAP ROAD
SKI ROAD
LODGE ROAD
SHAWANGA
WURTSBORO RIDGE STATE FOREST
SULLIVAN ORANGE
Airport
D&H CANAL LINEAR PARK
Willsey Brook
SULLIVAN ST
Bloomingburg
Wurtsboro
EXIT 112
EXIT 114
EXIT 115
EXIT 116
NEW YORK - NEW JERSEY TRAIL CONFERENCE

Shawangunk Ridge Trail
Map 3 2016

Shawangunk Ridge Trail — 2"x3" blue blaze

Long Path — 2"x4" aqua blaze

Blue DEC disks mark these trails on NY state land.

Marked trails (trail color): White, Red, Yellow, Red/Green

Parking, road parking

Train station

Campground

Public open space

NORTH — MN 13° — Magnetic Declination

Miles: 0 1 2

Kilometers: 0 1 2 3 4

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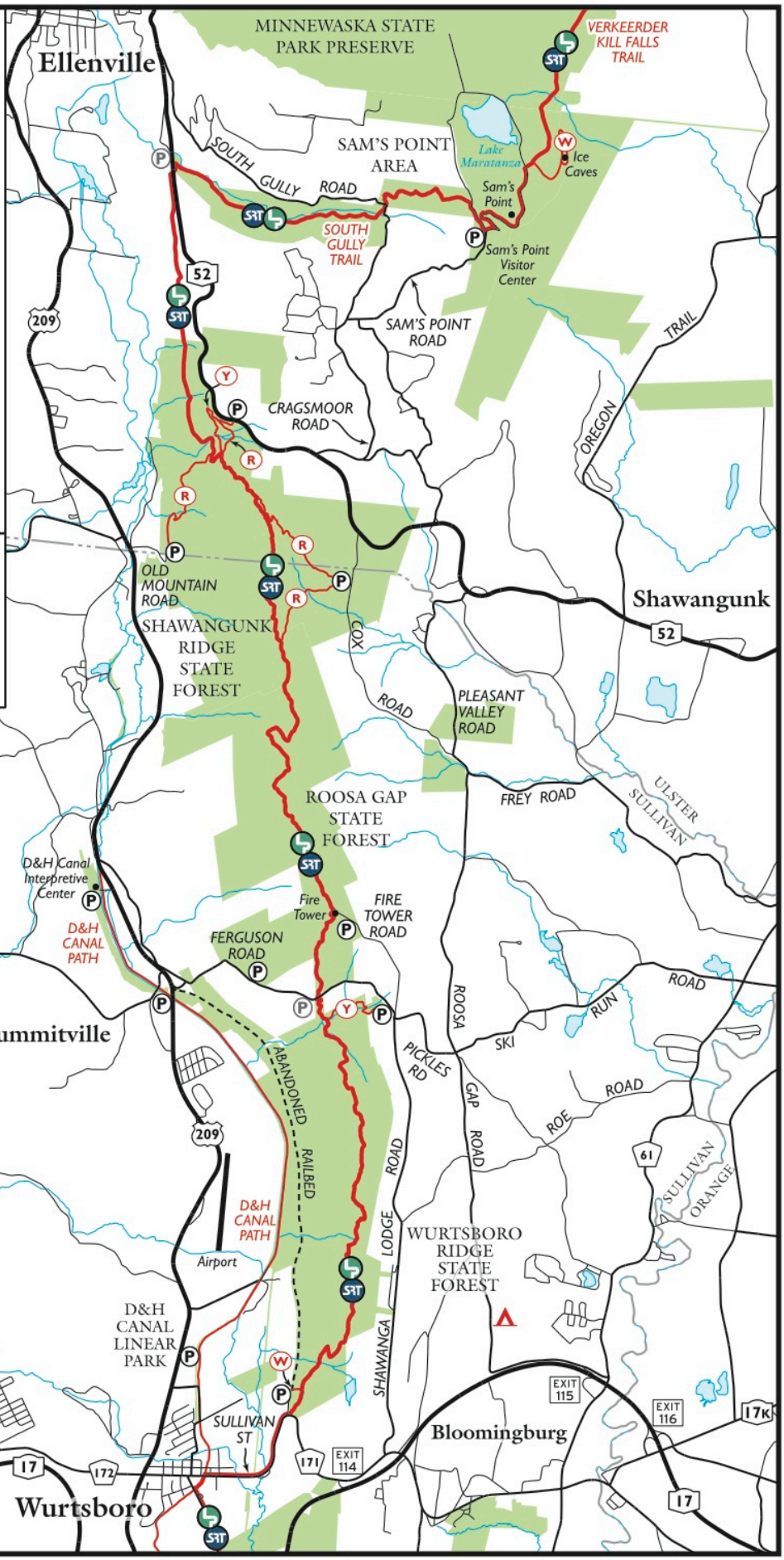
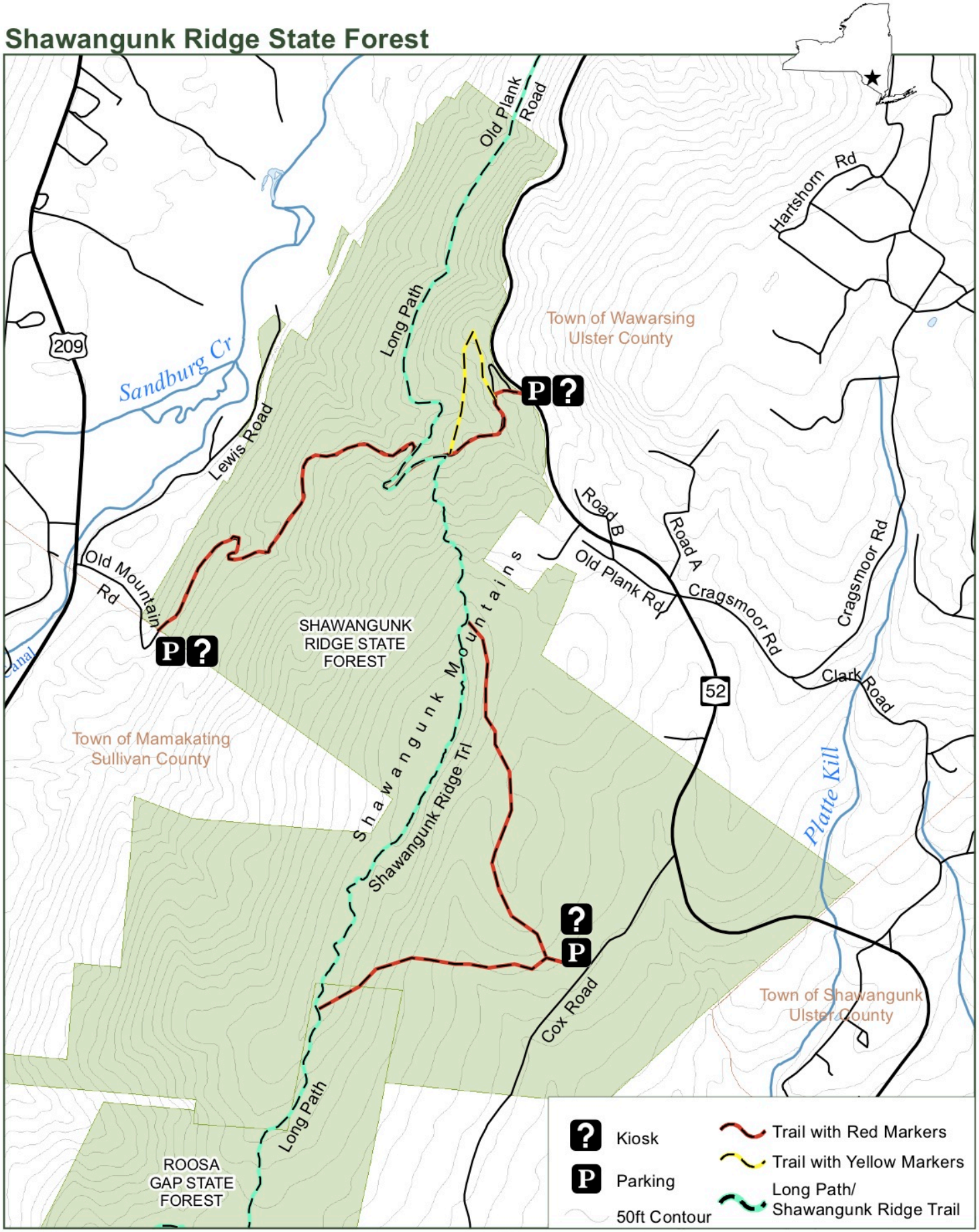
MAP 3



Shawangunk Ridge State Forest



NEW YORK STATE OF OPPORTUNITY | Department of Environmental Conservation

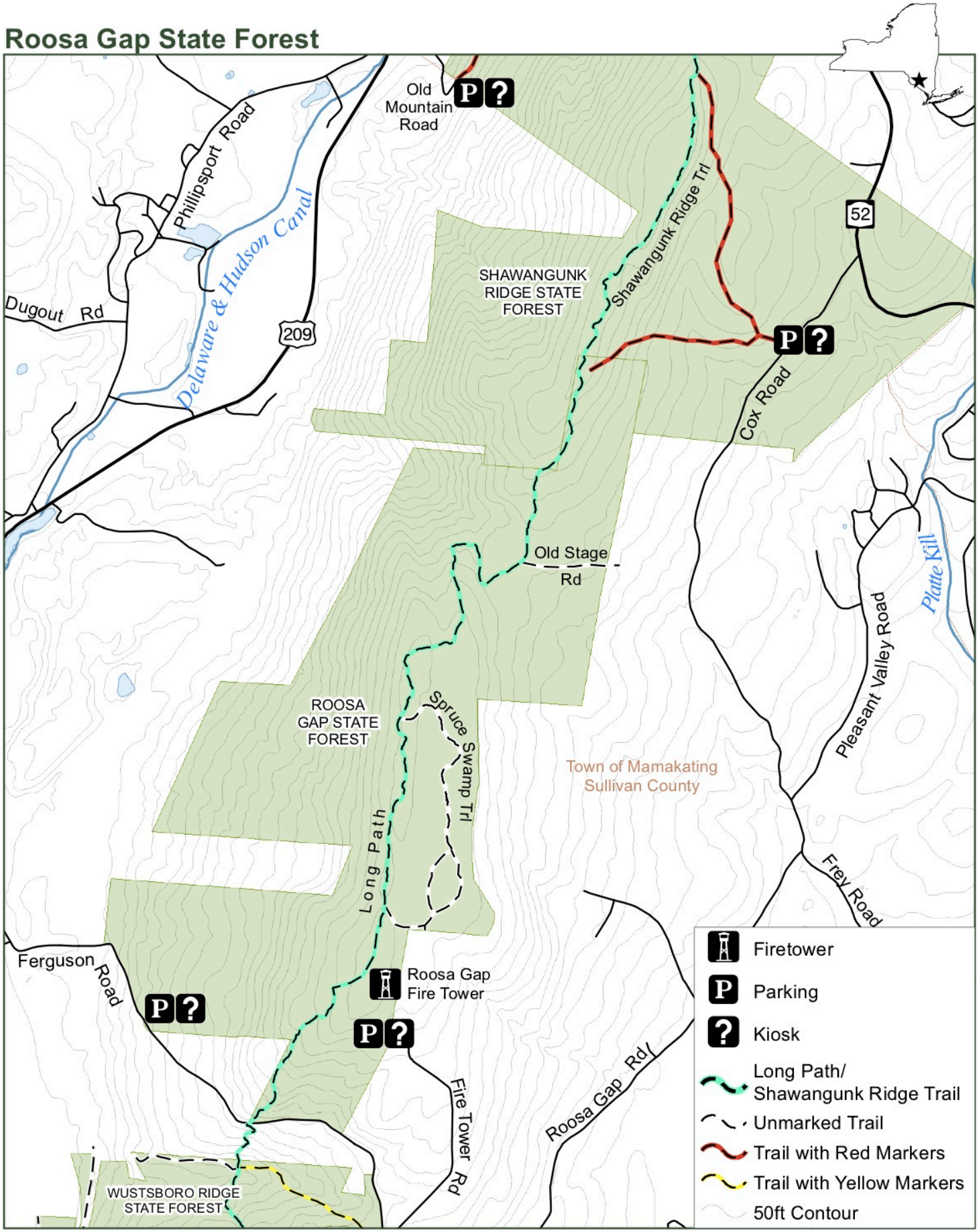
N

0 0.125 0.25 0.5 Miles

Sullivan and Ulster Counties

5/17

Roosa Gap State Forest



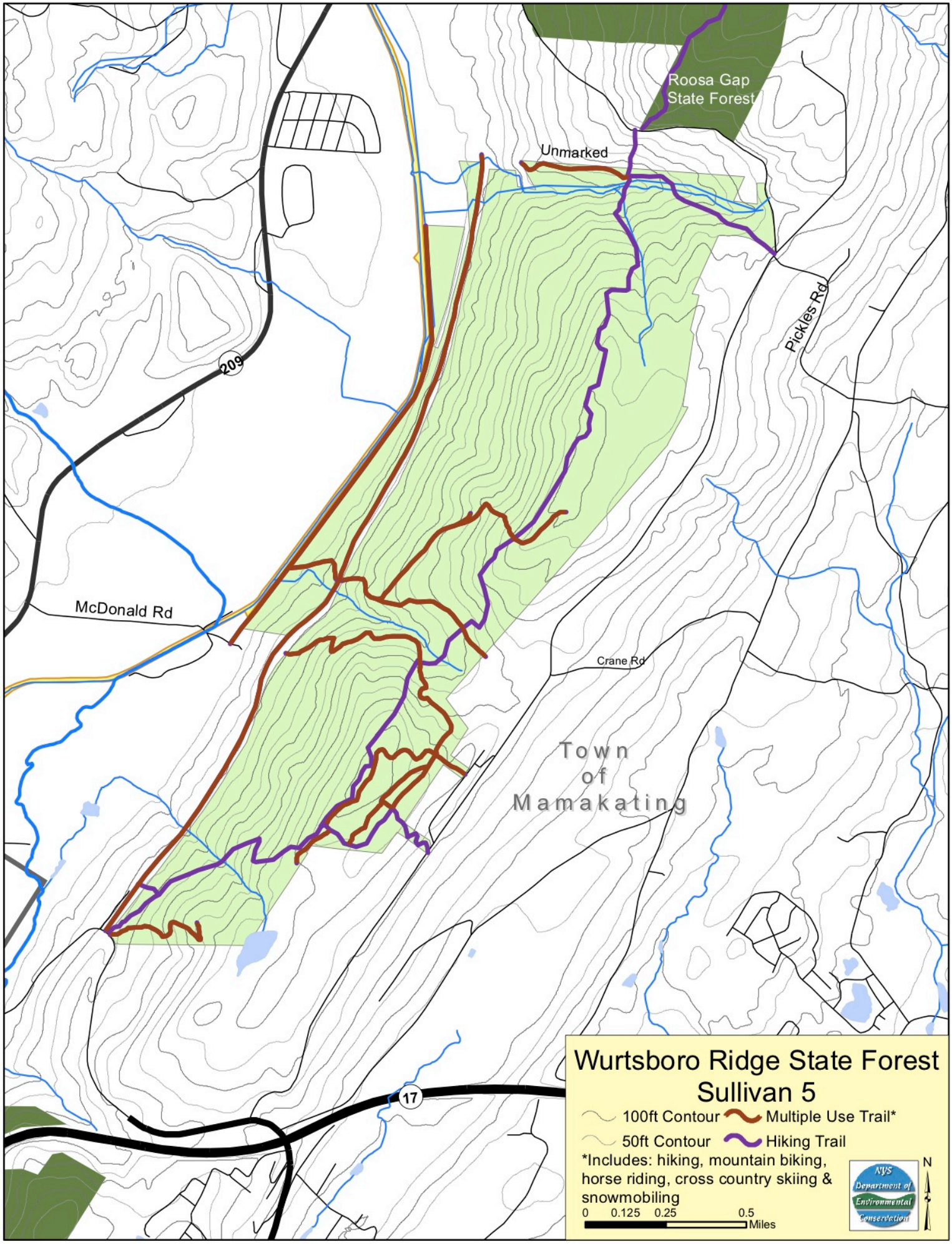
NEW YORK STATE OF OPPORTUNITY | Department of Environmental Conservation

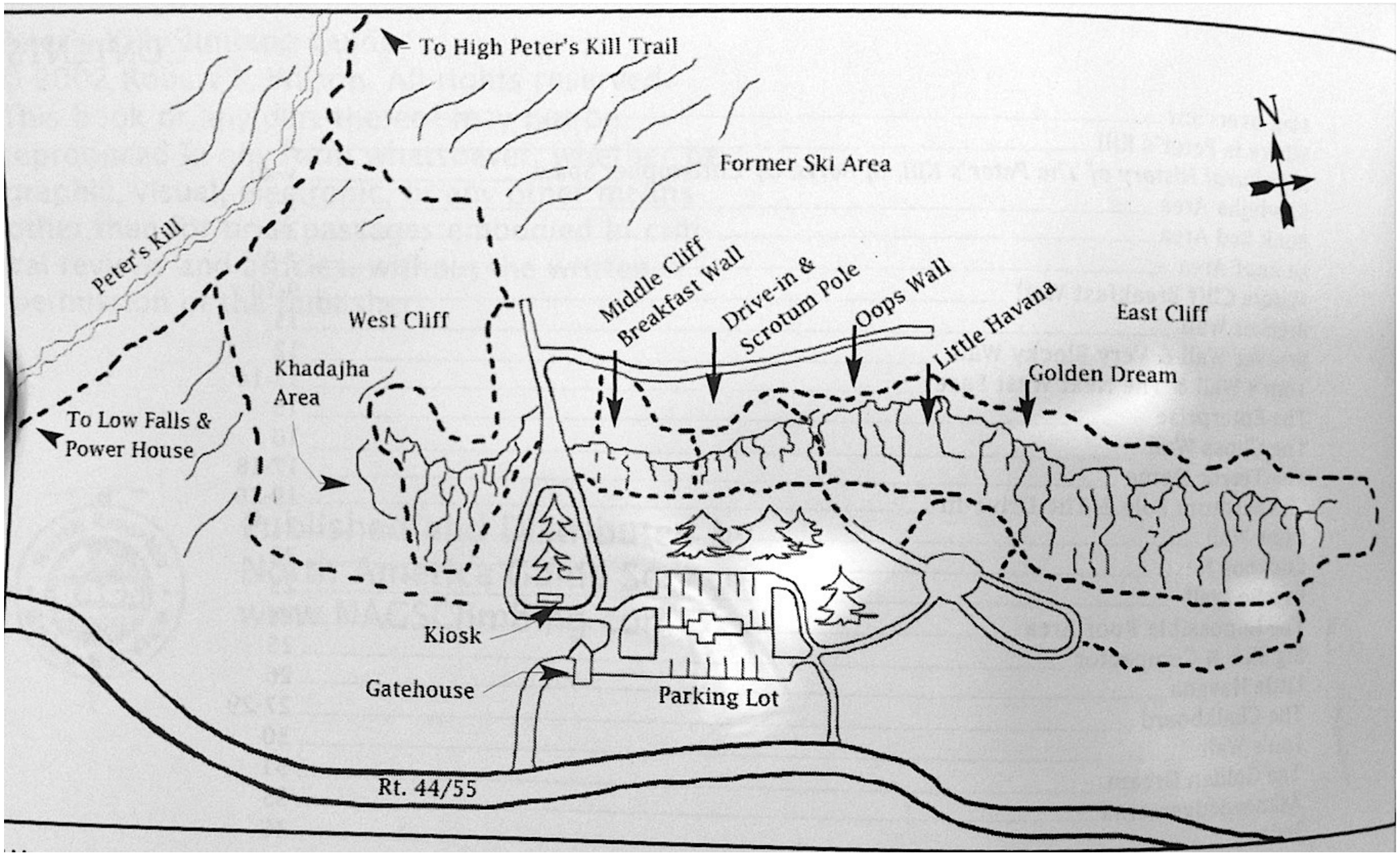
N

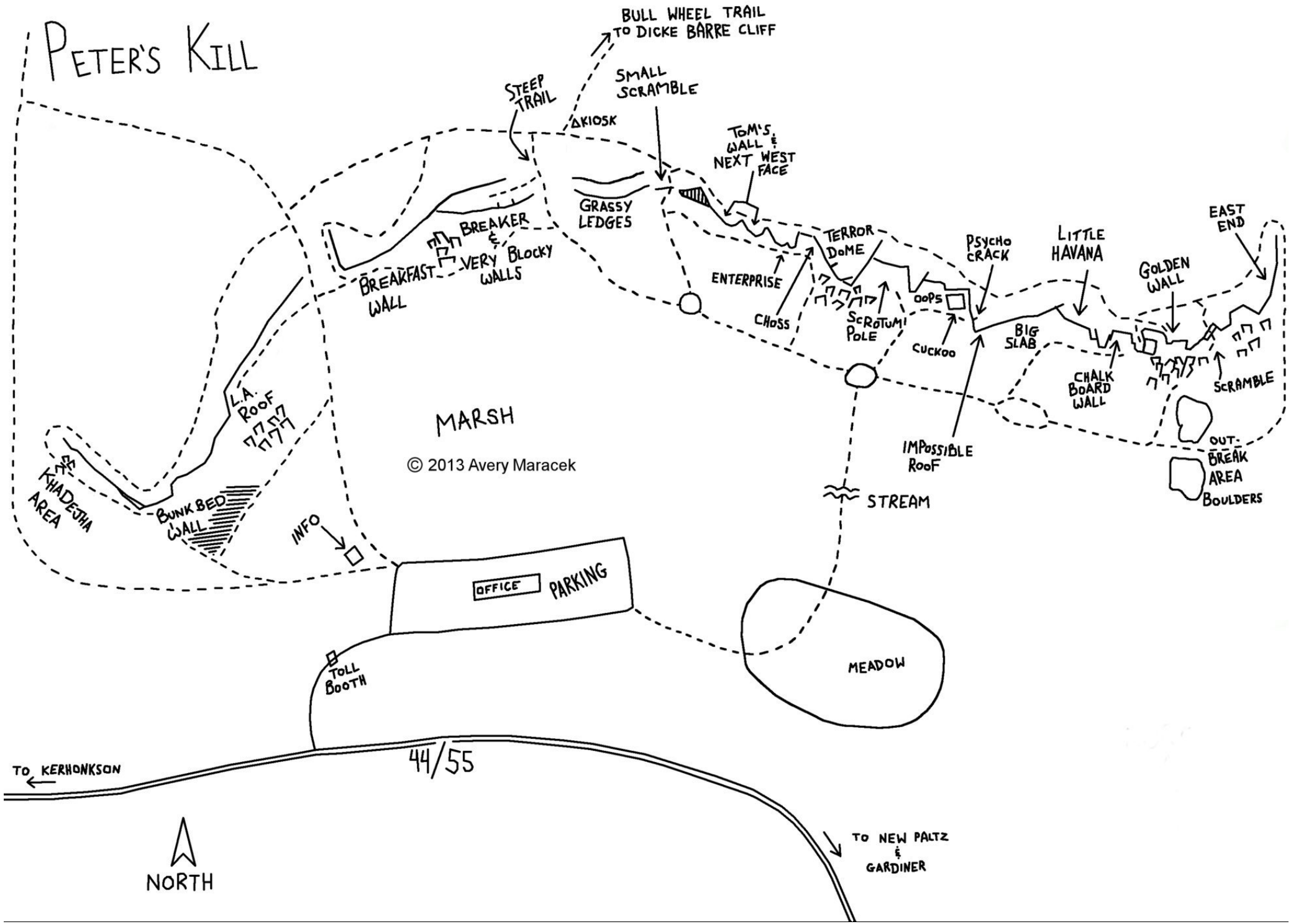
Sullivan County

0 0.175 0.35 0.7 Miles

5/17


Roosa Gap
State Forest
Unmarked
Pickles Rd
209
McDonald Rd
Crane Rd
Town
of
Mamakating
17
Wurtsboro Ridge State Forest
Sullivan 5
100ft Contour
Multiple Use Trail*
50ft Contour
Hiking Trail
*Includes: hiking, mountain biking, horse riding, cross country skiing & snowmobiling
0 0.125 0.25 0.5
Miles
NYS Department of Environmental Conservation
N


To High Peter's Kill Trail
Former Ski Area
N
Peter's Kill
West Cliff
Middle Cliff
Breakfast Wall
Drive-in &
Scrotum Pole
Oops Wall
Little Havana
East Cliff
Golden Dream
Khadajha
Area
To Low Falls &
Power House
Kiosk
Gatehouse
Parking Lot
Rt. 44/55


PETER'S KILL
BULL WHEEL TRAIL TO DICKE BARRE CLIFF
STEEP TRAIL
SMALL SCRAMBLE
KIOSK
TOM'S WALL & NEXT WEST FACE
GRASSY LEDGES
BREAKER & VERY BLOCKY WALLS
BREAKFAST WALL
TERROR DOME
ENTERPRISE
CHOSS
SCROTUM POLE
OOPS
CUCKOO
PSYCHO CRACK
LITTLE HAVANA
GOLDEN WALL
EAST END
BIG SLAB
CHALK BOARD WALL
SCRAMBLE
OUT-BREAK AREA BOULDERS
IMPOSSIBLE ROOF
L.A. ROOF
MARSH
© 2013 Avery Maracek
KHADEJHA AREA
BUNK BED WALL
INFO
STREAM
OFFICE
PARKING
TOLL BOOTH
MEADOW
TO KERHONKSON
44/55
TO NEW PALTZ & GARDINER
NORTH