



Troop 23 – Hot News

October 14, 2024

TROOP CALENDAR:

For the full calendar, visit <http://troop23wheaton.org/>

- 10/14- Monday, 7:00-8:30 Troop Meeting – Firearm Safety Training and Elections
 - 10/18-20-Friday-Sunday Campout – Kohler Andrae State Park
 - 10/21- Monday, 7:00-8:30 Troop Meeting
 - 10/28- Monday, 7:00-8:30 Troop Meeting/Halloween Party, FINAL WREATH SALE ORDERS
 - 11/02-Saturday Shooting Sports Outing, St Charles Sportsmen's Club
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YES, THERE IS A MEETING ON COLUMBUS DAY!

There will be firearm safety training for the November 2 shooting sports outing, and patrol leader/senior patrol leader elections. The firearm safety training is required if you are planning to attend the Shooting Sports Outing.

WREATH SALES:

We have sold over \$10,000 in wreaths so far. Last year we had sold \$18,000 by this time. Please turn in your orders each week so we aren't swamped at the final turn in on October 28. Let's try to meet our goal of \$40,000 so we can afford fun things like root beer floats and canoeing across the lake for ice cream. It is OK to ask your parents to check over your recap sheet on Sunday night.

ZELLE WREATH SALES:

Over \$2700 of the wreath sales so far have been paid by Zelle. You can check the Zelle payments that the troop has received on a shared google spreadsheet here: <https://bit.ly/3TMOeLa> There are four payments that did not have the scout's name in the notes, and every week we have had orders turned in without payments. Email troop23camps@gmail.com with any questions.

ANNUAL CONSENT FORM DUE:

Hello T23 Families! It is the time of year when we ask for signed consent forms as we prepare to recharter our Troop affiliation with Boy Scouts of America through the First Presbyterian Church of Wheaton. Please print, sign, and return the attached consent form to the Registration Advancement table at Monday night meetings by Monday, October 21. Direct questions to T23 Membership and Forms Coordinator Ashley Dockery at aly234@yahoo.com.

SUMMER CAMP PARTIAL MERIT BADGES:

Just a reminder that partial merit badges worked on in summer camp will require a new blue card to be signed by Mr Busse, and completed by the new merit badge counselor. The new counselor will sign off on all requirements as if it was both started and completed with them. Mr. Johnson can provide you a list of open and completed requirements that can be given to the counselor as proof of progress. Please contact him at pauljohns@gmail.com for this information.

UPCOMING SERVICE OPPORTUNITIES:

November - On Your Own

November is a busy month! With the campout, shooting sports day, wreath pick up, and Thanksgiving holiday, there will not be time to have an organized troop service opportunity. However here are some on-your-own options:

- Winfield Ronald McDonald House cookies from the heart or meal making programs
- DuPage Forest Preserve Conservation help. Check the calendar link here: [Restoration Work Day Opportunities](#)

December:

We will be supporting the church's Christmas Sharing again this year. More information will come soon about the items needed for the boxes. But *mark your calendars for Monday, December 9th*. Scouts will stay after the regular meeting to assist with Christmas Sharing set up.

HOT NEWS INFO:

Got some information for the weekly Hot News? Please forward the details of your news item to ruthlange@yahoo.com by Noon on Sundays and it will be included in that week's issue.

IF YOU HAVE ANY QUESTIONS AND/OR FEEDBACK, PLEASE CONTACT:

Rick Busse, Scoutmaster at bussephoto95@icloud.com

Judith Zapf, Committee Chair at judez21@sbcglobal.net

Troop 23 Consent Form – 2024-2025

Due October 21, 2024

Scout's Name: _____
has my approval to participate in all Scouting-related activities offered by Troop 23 from **September 1, 2024 through December 31, 2025**, specifically meetings, summer camp, campouts, hikes, water sports, service projects, special events and other Troop activities. This includes, but is not limited to, all 2024-2025 campouts, Klondike Derby, Scout Sunday, Troop Swim, Shooting Sports, Memorial Day Parade, Wilderness Survival, and any other campout or event.

without restrictions

with these special considerations or restrictions

Emergency Contact Information:

Father's Name: _____

Father's Email: _____ Father's Cell Phone: _____

Mother's Name: _____

Mother's Email: _____ Mother's Cell Phone: _____

Scout's Email: _____

Does your Scout have a Cell Phone? yes no. If yes, Scout's Cell Phone Number: _____

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 your 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 me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, 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.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, 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.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/ videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915(a)) My signature below on this form indicates my permission.

Checking this box indicates you DO NOT want your child to use a BB device.

NOTE: Due to the nature of programs and activities, 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. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities above.

Parent's signature: _____

Printed name: _____

Date: _____

Troop use only

Received by: _____

Date Received: _____

Date Contact Info. Checked Against Troop Records: _____

Corrections/updates needed? Yes No