



**TROOP 349**  
Falls Church, VA

## Troop 349

### 5-Mile Hike at Great Falls Park, Virginia



**May 19, 2018**



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**Itinerary**

- 7:45AM Muster at American Legion Post 130 (400 N Oak St, Falls Church, VA 22046)
- 8:00AM Depart for Great Falls Park Virginia (9200 Old Dominion Dr, McLean, VA 22102)
- 8:25AM Arrive at Great Falls Park, northern-most parking lot (follow sign for “Additional Parking”)
- 8:30AM Older Scout teaches rank requirements
- 8:45AM Go for hike—other rank requirements taught during hike
- 11:30AM (est) Finish hike, Hotwash
- 12:00noon (est) Arrive at American Legion Post

**Directions from Post 130 to Great Falls Park:**

- Head north on N Oak St toward Lincoln Ave 0.2 mi
- Turn right onto N West St 0.2 mi
- Turn left onto Great Falls St 2.9 mi
- Continue onto Lewinsville Rd 1.1 mi
- Turn right onto Swinks Mill Rd 0.5 mi
- Turn left onto Old Dominion Dr 4.6 mi
- Park at northern-most parking lot (follow signs for “Additional Parking”, park near trash bins in back)

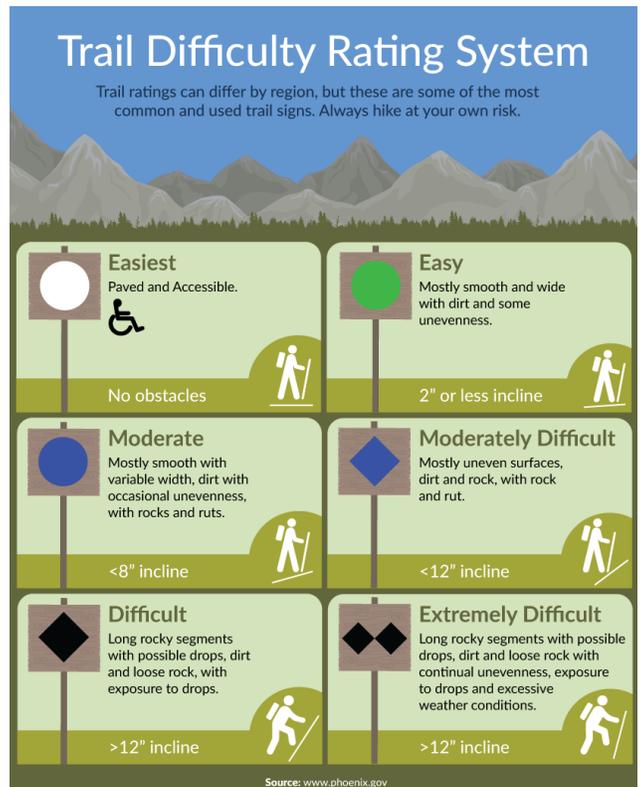
**Nearest Hospital: Reston Hospital Center (1850 Town Center Parkway, Reston VA, 20190)—9.4 miles**

- Head south on Old Dominion Dr 1.0 mi
- Turn right onto Georgetown Pike 3.4 mi
- Turn left onto State Rte 674/Springvale Rd 1.6 mi
- Continue onto Baron Cameron Ave 2.6 mi
- Turn left onto Town Center Pkwy 0.4 mi
- Turn right onto New Dominion Pkwy 0.1 mi
- Turn right at the 1st cross street onto Town Center Dr

**Facilities at Great Falls Park Visitor Center area**

- Water (all day)
- Restrooms (all day)
- Visitor Center (opens at 10AM)
- Concession Stand (probably not open until 10AM at earliest)

The difficulty rating of this hike is **Moderate-to-Moderately Difficult**. There are a couple of brief steep declines (one is quite steep), a few stretches of rocky, uneven path, and a couple of steep inclines. There are also breathtaking views of Mather Gorge and the Falls.



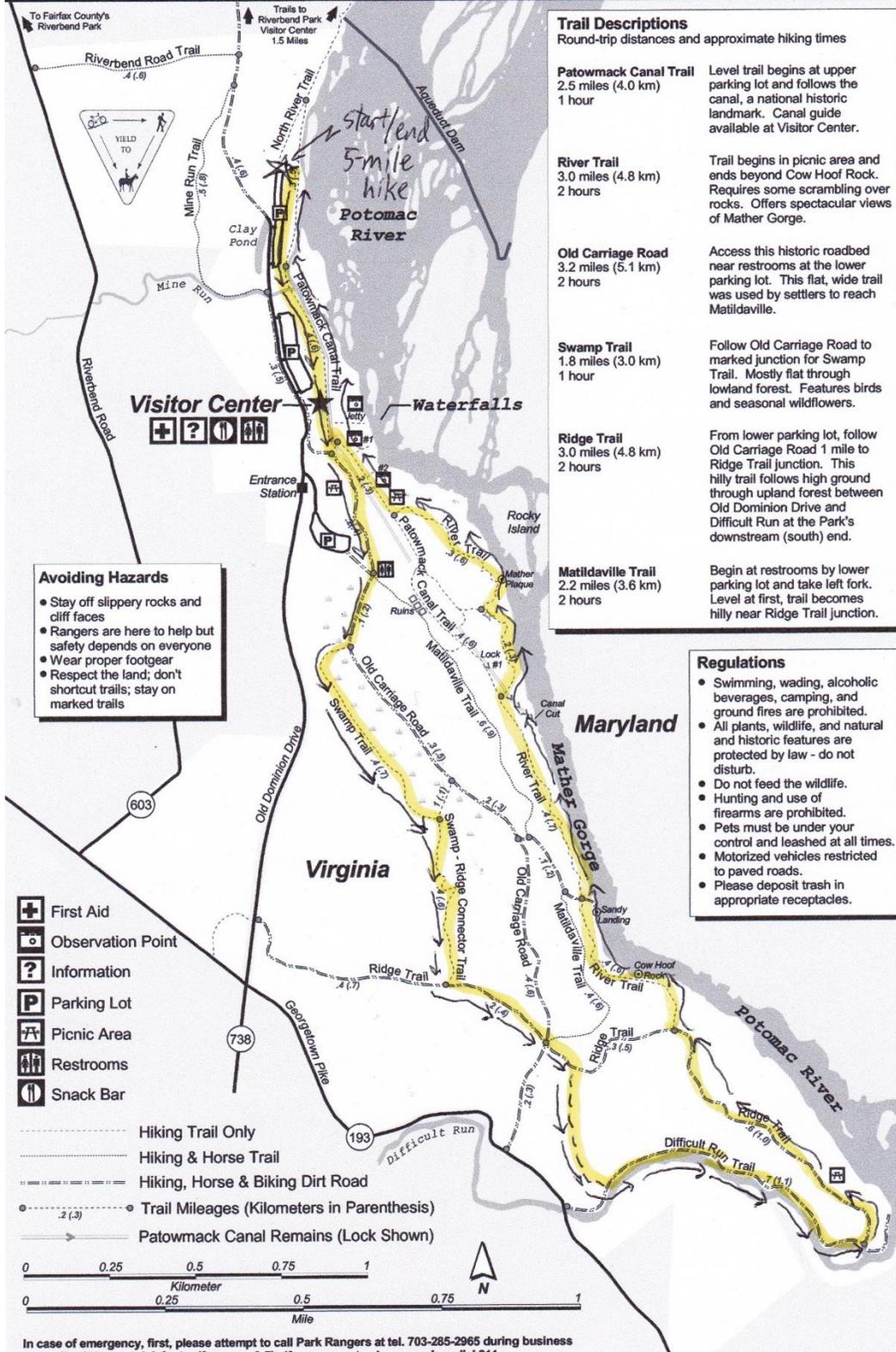


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# Great Falls Park

(A Unit of the George Washington Memorial Parkway)  
9200 Old Dominion Dr.  
McLean, Virginia 22101  
(703) 285-2965

National Park Service  
U.S. Department of the Interior



In case of emergency, first, please attempt to call Park Rangers at tel. 703-285-2965 during business hours (Fall/Winter: 9-5 & Spring/Summer: 9-7). If no answer to above number, dial 911.



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## Rank Requirements to be Taught by Older Scouts

### Scout

- 1e. Outdoor Code (page 224):
  - As an American, I will do my best to—
  - Be clean in my outdoor manners.
  - Be careful with fire.
  - Be considerate in the outdoors.
  - Be conservation-minded.

### Tenderfoot

- 1c. Tell how you practiced the Outdoor Code on a campout or outing
- 5a. Explain and use the buddy system while on a troop/patrol outing.
- 5b. Describe what to do if you become lost on a hike or campout (pages 254-255)
- 5c. Explain the rules of safe hiking, both on the highway and cross-country, during the day and at night (pages 252-253)

### Second Class

- 1b. Explain the principles of Leave No Trace and how you practiced them on a campout or outing (pages 224-233). **This outing must be different from the one used for Tenderfoot requirement 1c.**
- 3a. Demonstrate how a compass works and how to orient a map. Use a map to point out and tell the meaning of five map symbols (pages 332-339).
- 3b. Using a compass and map, take a 5-mile hike (pages 340-345).
- 3c. Describe some hazards or injuries you might encounter on your hike and what you can do to prevent them (pages 127-132, 136-142).
- 3d. Demonstrate how to find directions during the day and at night without a compass or electronic device (pages 354-357).





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# HIKING CHECKLIST

**Remember, “Cotton Kills”**

## BSA Hiking 10 Essentials

1. Pocketknife (requires Totin’ Chip)
2. First aid kit
3. Extra clothing
4. Rain gear
5. Water bottle
6. Flashlight
7. Trail food
8. Matches and fire starters (requires Firem’n Chit)
9. Sun protection
10. Map and compass

## Other Essentials

- ¼ roll toilet paper and trowel (one trowel per group)
- Hand sanitizer
- Whistle
- Mirror
- Closed-toe shoes. Hiking shoes preferable, sneakers are fine. No crocs or flip-flops.
- Daypack. School backpack is fine. Pack with hip belt nice for heavy loads/long hikes. Lumbar pack could also be made to work.
- Extra socks. Wet feet=blisters=unhappy Scout.
- Contractor-grade trash bag
- Water-proof pack cover (or bring a second trash bag)
- Insect spray





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## Great Falls Park Hike

**Date:** 7:45-noon Saturday May 19, 2018

**Location:** Great Falls Park Virginia  
9200 Old Dominion Drive  
McLean, VA 22102



I will provide transportation.     Out     Back     Both Ways  
Including driver, my vehicle holds \_\_\_\_\_ people.

I have and will bring my **National Parks and Federal Recreational Lands Pass**

Name(s) of Parent(s) planning to attend: \_\_\_\_\_ Parent cell #: \_\_\_\_\_

**Due Date:** The deadline for signup is **Tuesday, May 15.**

There is **no cost** associated with this hike **if** we have enough drivers with National Park Passes (otherwise \$10/vehicle).

### Parent / Guardian Permission & Release Form: (Great Falls Park Hike, May 19, 2018)

I, \_\_\_\_\_ do hereby give my consent and permission for my

Son(s) \_\_\_\_\_ to attend Troop 349's Great Falls Park Hike.  
(Scout's name(s))

I give permission to the leaders of Troop 349 to render first aid. In the event of emergency, I give permission to the physician selected by the adult leader-in-charge, to hospitalize, order anesthesia, order injection, or secure other medical treatment, as s/he determines to be appropriate. I further agree to hold Troop 349 and its leaders blameless for any mishaps that may occur during this outing, except for clear acts of negligence or non-adherence to BSA policies and guidelines.

**In case of emergency**, I can be reached by phone at: \_\_\_\_\_ or: \_\_\_\_\_

If I cannot be reached, contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy number: \_\_\_\_\_

My son:     Has the following **medical condition(s)** that adult leaders must be aware:

\_\_\_\_\_.

Has no medical condition.

Requires the following **medication(s)** that adult leaders must supervise and assist in administering (also provide time & quantity): \_\_\_\_\_

Takes no medication

Signature: \_\_\_\_\_ Date: \_\_\_\_\_