

COPE Course at Camp Lewis Individual Registration/Permission Slip

This form is for Scouts and Leaders whose Unit has a confirmed reservation for the COPE Course at Camp Lewis

- 1) Name _____ Date of Birth _____ Age _____
Parent/Guardian _____ Phone _____ Unit _____
Home Address _____ Zip _____
- 2) **Attach a copy of your current Boy Scout medical form which must include sections A, B, and C. (*Must be valid for 12 calendar months*)**. Must have at the council office no later than 10 days prior to the COPE course date.
- 3) Are there any medical or behavioral conditions that would limit your ability or your scout's ability to participate in vigorous outdoor exercise? [] Yes [] No. If yes please explain.

Adult Participants must read and sign this section:

I understand:

- that some elements of the COPE Course require vigorous exercise such as climbing 30 feet up a rope ladder then walking tight rope 30 feet in the air (with a safety belay line attached)
- that I can choose to do some elements of the course and skip others;
- that I have the responsibility for deciding which elements to do and which are beyond my physical/medical ability
- that I will hold NNJC and its staff harmless if I am injured because I choose to exceed my limitations.

Signature _____

Date _____

Parent/Guardian of youth participants must read and sign this section:

My child is able to engage in vigorous outdoor exercise except as noted above.

I understand:

- that some elements of the COPE Course require vigorous exercise such as climbing 30 feet up a rope ladder then walking tight rope 30 feet in the air (with a safety belay line attached)
- that he/she can choose to do some elements of the course and skip others
- that beyond the items noted above, he/she is mature enough to decide which elements to do and which are beyond his/her physical/medical ability
- that I will hold NNJC and its staff harmless if I am injured by exceeding his/her limitations.

Signature _____

Date _____

In case of emergency please contact:

Name _____ Phone _____

In the event of illness or accident in the course of such activity, I request that medical care be instituted without delay as the judgment of medical personnel dictates.

I give permissions to the Northern New Jersey Council to use pictures taken of me/my child on the COPE Course for publicity purposes. (You may cross this off if you choose)

Participant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

(Required if participant is under 18)