What is C.O.P.E.?
COPE stands for Challenging Outdoor Personal Experience and that is exactly what it is. Over the course of a weekend the COPE Facilitators strive to give you a challenging experience that helps you grow personally, work as a team, and learn to trust others - all while having fun in the outdoors. Everybody wins in COPE. We do this through some wacky, off-the-wall initiative games, some very challenging events on our Low Course, and usually culminating with a trip through the High Course. COPE is also available in a week long format at Boy Scout Summer Camp.

Who can do COPE?
Any Scout who is 13 by January 1 of the year they are going through COPE or First Class Scout by the date of the course. Venture/Explorer Scouts are welcome too! Adults can also participate on an “as slots are available” basis.

What does it cost?
We charge $25 for an entire weekend packed full of fun. You take home a COPE bandana, a participation certificate, a wealth of new experience, and a new appreciation for yourself and those you go through COPE with. Troops and Crews need to reserve spaces on a particular weekend at the Scout Service Center. COPE T-shirts are available at an additional cost of $10.

What do I need to bring?
Please bring your current medical form, the COPE Individual Hold Harmless Agreement, an open mind, a sense of humor, and the willingness to have fun. If your group plans to camp at Gus Blass Scout Reservation, you will also need to bring a short-term camping permit and food—see “Welcome Letter” below. Non-Scout groups should also provide the following forms 4-weeks prior to your particular COPE weekend: Non-Scouting release and indemnity/Hold Harmless Agreement, a letter of agreement for camp use, and a copy of the $2,000,000 liability insurance policy.

Two Deep Leadership
All Troops/Crews or groups must provide two deep leadership. The COPE staff cannot provide leaders. Co-ed groups must have both male and female adults. You may be asked to stay on the course with your group if needed. If you plan on splitting your group make sure you have enough leaders.

When can I participate in COPE?
In addition to the week-long offerings during summer camp, there are also several opportunities during the year to participate. You may call the Scout Service Center or check the current Council calendar for scheduled COPE weekends.
COPE WEEKEND REGISTRATION FORM

Please send in this form to the registrar at the Scout Service Center. The first participants who sign up with payments have priority. Check the Council online calendar for other dates or changes. Youth Participants must be 13 by January 1 of the year they are going through COPE or First Class by the date of the course to participate in COPE. COPE is open to Boy Scout and Venturing Units. Adults may also participate if spots are available. The first participants who sign up with payments have priority.

DATE: ____________________ COPE Weekend Date: ________________________________

UNIT#: __________________ COUNCIL: __________ DISTRICT __________________________

LEADER’S NAME: __________________________ Phone #: __________________________

ADDRESS: ___________________________________________________________________

____________________________________________________________________________

EMAIL: _______________________________________________________________________

ADDITIONAL LEADERS’ NAMES: __________________________ Phone #: __________________

ADDITIONAL LEADER’S NAMES: __________________________ Phone #: __________________

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_______ Total Participant x $25.00 = $_______________

FOR OFFICE USE ONLY:

PAID TRANSACTION # _________________ DATE: ______________ AMOUNT: _______________
Dear C.O.P.E. Participant:

We look forward to working with you on the upcoming C.O.P.E. weekend. Enclosed is the information that should be helpful to you. Co-ed groups must have both male and female leaders on site.

All Boy Scout Troop or Venture Crew participants need to be registered as a Scouts or Scout leader. The fee for C.O.P.E weekend is $25 per participant. C.O.P.E. T-shirts are also available at an additional price of $10.00 each. A C.O.P.E weekend is limited to the first 24 participants and is filled on a first come, first served basis. The registrar does keep a waiting list as participation often changes. As this is an intense high adventure activity, National BSA and the Council require that all participants must be at least 13 by January 1 of the year the participant is taking the course or First Class Scout by the start of the course.

You will need to arrive at the Gus Blass Scout Reservation, be settled into your camp, and be present at Bowen Lodge by 7:30 p.m. Friday evening with at least Class A and B Physicals for each participant. There is about a 2 ½ hour program on Friday night. This is an integral part of the program and attendance is required as all sessions in C.O.P.E. build on earlier experience and adventures.

The unit is responsible for checking in with the Ranger upon arrival and for providing their own food, camping gear, etc. There is plenty of space in the short term area for camping.

While in C.O.P.E. activities, your scout should be prepared for all kinds of weather and temperatures. Friday night activities will be primarily inside, but the rest of the weekend will be outside. Clothing should be layered for adapting to changing weather conditions. The participant should not wear nylon or other “slick” type synthetic shorts as contact with moving ropes could cause melting and burns. Good supportive footwear, such as athletic shoes or boots, is strongly suggested. Bug spray will be your friend so bring him along. Heavy attachments like knives, music players, or jewelry are not needed and will impede progress on the course.

Both Saturday and Sunday will be on the COPE course and are full days of high adventure. Appropriate rest and nutrition are important. We will break for lunch on Saturday and the scouts may return to their camp for lunch. On Sunday we ask that you come prepared to serve lunch on the course to your scouts. We generally finish about 3:00 P.M. or later on Sundays depending on the size of the group and the speed at which they complete the high course. Note: Even though the scouts love the “thrill” of the high course, it is the time spent before they get there that most of the learning takes place.

We look forward to seeing your unit and know that there will be a lot of learning and fun to be had by all.

YIS
Quapaw Area Council COPE/Climbing Committee

Two Deep Leadership is required.
SHORT TERM CAMPING PERMIT
GUS BLASS SCOUT RESERVATION

SHORT TERM CAMP RESERVATION AND PERMIT RESERVATIONS MUST BE MADE THROUGH THE SCOUT SERVICE CENTER IN PERSON, BY MAIL, OR BY PHONE AND CONFIRMED TWO WEEKS PRIOR TO ARRIVAL AND MUST INCLUDE A TOUR PERMIT

Troop / Crew / Post#__________ District____________________
Date of Application ___________________

Campsite, Facility and or Equipment Requested:

______________________________________________________________

Scheduled Camp Arrival – Day _______________ Date_______________ Time: _______
Scheduled Camp Departure- Day______________ Date________________ Time: _______

We would like our check out inspection on: Day _____________ Date _________ Time: _______

Type of Activity Planned:

________________________________________________________________________

Anticipated Attendance - # of Youth___________ # of adults_____________________

Adult Leader in charge while in Camp (must be over 21 Years of age):

Name____________________________________ Address________________________

City ________________ Zip code___________
Phone: ______________________________ Cell: _____________________________

2nd Camp Leader (must be over 18 years of age)

Name__________________________________  Address__________________________

City______________________     Zip code__________________
Phone____________________     Cell: _____________________
Our Unit will do a Camp service Conservation project while in camp. Yes_____ No_____

I have read and will share the regulations on the attached sheet with all participants and will abide by them. Violation could result in my unit being asked to leave camp. Please complete on the reverse side of this form and turn in to Ranger upon arrival at camp.

Signature of adult in charge: __________________________________________________

Date: ________________________________

For office Use only:

Date Received ________________________ Date Approved______________________

Ranger notified _______________________

Approved by________________________

Two Deep Leadership is required.
You are about to take part in a challenge (“ropes”) course experience and or climbing/rappelling (“activity”) offered through the _____________________ Council BSA (“local council”) on ______________ (date).

While participating in the activity you will undertake a wide variety of physical and mental challenges that are comparable to activities with which you may be more familiar. Much of the time, you will be engaged in activity of “moderate exertion,” which is comparable to normal walking, golfing on foot, raking leaves, calisthenics, or slow dancing. For short periods of time, you will be engaged in activity of “vigorous exertion,” which is comparable to fast walking, slow jogging, heavy gardening, or shoveling snow.

If any of the above activities are difficult for you, discuss your participation in the activity with your physician. If these are activities in which you regularly engage without difficulty, you should be fit for participation in the program. Following are specific medical conditions about which participants should always seek the advice of a physician before participating in the activity:

• Pregnancy (climbing harness can injure uterus)
• Kidney or liver transplant (climbing harness can injure transplanted organ)
• Healing fracture or joint injury (should be cleared by treating physician)
• Recent surgery (should be cleared by treating physician)
• Down syndrome (should have x-ray check for neck instability, as per recommendation of the Special Olympics)

If you or your physician has any questions about the physical requirements of the activity, feel free to contact the local council.
HEALTH HISTORY

First Name: ________________________________________  Age: ________

Middle Name: ____________

Last Name: ____________________________________________

Telephone: _____________________________

Home/ Work / Cell_______________ _______________  _______________

Personal physician: _______________________________________________

Physician Telephone: ____________________________________

In case of emergency, please contact: ___________________________ Relation: ____________

Telephone: ____________________  or ____________________

Special dietary considerations: _____________________________________________

List known allergies: ______________________________________________________

List required medications: _________________________________________________

If you are allergic to insect stings, do you have an insect sting kit (e.g., EpiPen)? ___________

Do you wear contact lenses? _________________

Are you pregnant? _________________________

Have you had or do you now have (circle if yes): Heart attack – Diabetes – Asthma-
Angina – Epilepsy - Chest pains - Drug reactions - High blood pressure - Heart murmurs

If you answered “yes” to any of the above, explain and include date:

Do you have any other medical conditions that we should be aware of?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
SCOUTING HOLD HARMLESS AGREEMENT

I understand that participation in the activity involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived, after carefully considering the risk involved, and in view of the fact that the Boy Scouts of America is an organization in which membership is voluntary, I have carefully considered the risk involved and have given consent for myself (or my son or daughter) to participate in the activity and waive all claims I or we may have against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity.

I am not under the influence of any chemical substance, including alcohol. Understanding that any physical activity involves a risk of injury, I understand that my participation in the activity is entirely voluntary. I 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 claims or liability arising out of this participation. This release does not, however, apply to any harm caused by negligence or willful misconduct of the local council or its employees.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including: hospitalization, anesthesia, surgery, or injections of medication for my child.

Participant’s signature _____________________________________________________

*Date ______________________________

*If the participant is under age 18, his or her parent or guardian must also sign below:

Parent’s or guardian’s signature ______________________________________________

Date ______________________________

*Please have each participant fill out a separate release form*
NON-SCOUTING RELEASE AND INDEMNITY/HOLD HARMLESS AGREEMENT

I understand that use of facilities on Gus Blass Scout Reservation owned by Quapaw Area Council, Inc., Boy Scouts of America, involves a certain degree of risk that could result in injury or death. In consideration of the benefit to be derived, after carefully considering the risk involvement, and in view of the fact that the Boy Scouts of America is a not-for-profit organization:

RELEASE AND INDEMNIFICATION

I hereby release and waive any and all claims that I may have against the Quapaw Area Council, Inc., Boy Scouts of America and Scouting’s chartered organizations and any of their affiliates, agents, servants, employees, officers, directors and volunteers.

___________________ shall indemnify, hold free and harmless, assume liability for, and defend the Quapaw Area Council, Inc., Boy Scouts of America or Scouting’s chartered organizations, and any of their affiliates, agents, servants, employees, officers, volunteers, and directors from any and all costs and expenses, including but not limited to: attorneys’ fees, reasonable investigative and discovery costs, court costs, and all other sums that the Boy Scouts of America, Quapaw Area Council, Inc., Boy Scouts of America or Scouting’s chartered organizations, and any of their affiliates, agents, servants, employees, officers, volunteers, and directors incur as a result of any demand for claim or assertion of liability under any municipal, state or federal law or cause of action, including any action under the Americans with Disabilities Act, arising or alleged to have arisen out of any act or omission of, or any use of real or personal property belonging to, the Quapaw Area Council, Inc., Boy Scouts of America or Scouting’s chartered organizations, and any of their affiliates, agents, servants, employees, officers, volunteers, and directors.

Property and period to be used:____________________________________________

Organization:___________________________________________________________

_______________________________ _______________________     ____________
Signature     Phone Number          Date

If signatory is less than 18 years of age, this must also be signed by a parent or guardian.

_______________________________   _______________________ ____________
Parent’s Signature    Phone Number     Date

_______________________________  _______________________ ____________
Signature      Phone Number  Date
LETTER OF AGREEMENT FOR CAMP USE

This letter of agreement is the purpose of establishing the use of the Gus Blass Scout Reservation/COPE Activity Center by ________________________________ for the purpose of ________________________________. This is a Boy Scout Camp and is used first and foremost by members of Boy Scouts of America.

1. _________________________ is to use the Gus Blass Scout Reservation/COPE Activity Center from ______________ beginning at ___________ AM/PM to ______________ at______________ AM/PM.

2. Agrees to provide the Quapaw Area Council with each of the following documents:

   a). A certificate of liability insurance with a minimum of $2,000,000 CSL (combined single limit) with the Quapaw Area Council, Inc., and the Boy Scouts of America, names as additional insured, ten (10) day written notice of cancellation, and the period of time involved.

   b). A hold harmless agreement.

   c). A certificate showing non-profit and/or tax exempt status (if applicable).

   d). A roster showing the names of all youth and adults participating in this activity.

3. Agrees to pay $_______ for the use of the Gus Blass Scout Reservation/COPE Course which sum is payable by _________________________.

4. A deposit of $100.00 is required to be paid at the signing of this agreement. This is non-refundable, but is a part of the total fee.

5. Be responsible for any and all damages to camp property which may reasonably be attributed to the actions of the said group and agrees to promptly pay any and all reasonable damage claims when presented.

6. While Scouting makes every effort to accommodate all persons with disabilities, it is a charitable, private organization not subject to the ADA, and any group who uses the property is responsible for ADA compliance and any accommodations necessary for its participants and visitors.

7. No alcoholic beverages or illegal drugs of any kind are permitted to be used on the premises.
8. Agrees that you will provide at least one adult leader (defined as 21 years of age or older for purposes herein) for every ten (10) members of the party present in camp below the age of 21 years; that at least one the said adult leaders must be present with the group at all times while the group is in camp.

9. Agrees that the group will abide by any and all of the camp operating rules and instructions of the Camp Ranger.

Quapaw Area Council, Inc., Boy Scouts of America

Organization: _____________________________________________________________

______________________________________________________________
By                                               By

______________________________________________________________
Title                                             Title

______________________________________________________________
Date                                               Date

Note: Please return the original and one copy along with other required documents and the deposit to the Quapaw Area Council, Boy Scouts of America.

SCOUT OATH
On my honor I will do my best
to do my duty to God and my country
and to obey the Scout Law;
To help other people at all times;
To keep myself physically strong,
mentally awake, and morally straight.

SCOUT LAW
A Scout is trustworthy, loyal, helpful,
friendly, courteous, kind,
obedient, cheerful, thrifty, brave,
clean, and reverent.