

**Quapaw Area Council
Blass Scout Reservation
COPE OPPORTUNITIES**



What is COPE?

COPE stands for Challenging Outdoor Personal Experience. And that is 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, 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. Adults can also participate on an as slots are available basis. Venturing too!

What does it cost?

We only charge \$15 for the whole weekend packed full of fun. You take home with you a bandana, a certificate, and hopefully a new appreciation of yourself and those you go through COPE with. Troops need to reserve spaces on a particular weekend at the Scout Service Center. T-shirts are available at an additional cost.

What do I need to bring?

Please bring yourself, your medical form, the COPE Hold Harmless Agreement, an open mind, and the willingness to have fun. If your Troop plans to camp at Gus Blass Scout Reservation, you will also need to bring a short-term camping permit and food—see below.

When can I participate in COPE or Climbing?

In addition to the week long offerings during summer camp, there are also several opportunities during the year to participate:

- | | |
|-------------------|--------------|
| 2/19/10 – 2/21/10 | COPE Weekend |
| 4/16/10 – 4/18/10 | COPE Weekend |
| 5/14/10 – 5/16/10 | COPE Weekend |

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.

COPE WEEKEND REGISTRATION FORM

DATE: _____

UNIT#: _____ COUNCIL: _____ DISTRICT _____

LEADER'S NAME: _____

ADDRESS: _____

EMAIL: _____

ADDITIONAL LEADERS NAMES: _____

YOUTH NAMES: _____

_____ PARTICIPANTS X \$15.00

FOR OFFICE USE ONLY:

PAID TRANSACTION # _____ DATE: _____ AMOUNT: _____

WELCOME LETTER

Dear COPE Participant,

We look forward to working with your Troop on the upcoming COPE weekend. Enclosed here is information that should be helpful to you.

You need to file your camp use permit with the Scout Service Center, Quapaw Area Council, Little Rock. All your participants need to be registered with the Registrar at the Service Center also. The fee for weekend COPE is \$15 per participant. COPE T-shirts are also available at an additional price of \$10.00 each. A COPE weekend is limited to 27 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.

You will need to arrive at Blass Scout Reservation, be settled into your camp, and be present at the Bowen Lodge by 7:30 pm with at least Class I physicals for each participant. There is about a two and one half hour program on Friday night. This is an integral part of the program and attendance is required as all sessions in COPE build on earlier experience and adventures.

The troop is responsible for checking in with the Ranger upon arrival and providing for their own food, tentage, etc. There is plenty of camping space in the short term area for your use. While in COPE 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 not be. Clothing should be layered for adapting to changing weather conditions. The participant should not wear nylon or other "slickly" type synthetic shorts as contact with moving ropes could cause melting and burns. Good supportive foot ware such as athletic shoes or boots are strongly suggested. Heavy attachments like knives, music players, or jewelry are not needed and do impede progress on the course.

Both Saturday and Sunday will be on the course and are full days and appropriate rest and nutrition are important. We will break for lunch on Saturday and the scouts may return to their camp for lunch. We generally finish about 3:00pm or later on Sundays depending on the size of the group and the speed at which they complete the high course. Note, that even though the scouts love the 'thrill' of the high course, it is the time spent before that, where 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.

Sincerely,

Allen Piercy
COPE Committee Chair

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

Webelos Den/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 at –

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 _____ H: Phone: _____ B: _____

Phone _____ C: _____

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

Name _____ Address _____

City _____ Zip code _____ Phone _____ C: _____

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 _____ Tour Permit attached _____

Approved by _____

CHALLENGE COURSE and CLIMBING/RAPPELLING HEALTH HISTORY AND CONSENT FORM ADULT OR CHILD

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

Name:

First:

Middle:

Last:

Telephone:

Home Work:

Personal physician Telephone:

Name:

In case of emergency, please contact:

Emergency contact telephone:

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 murmur

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?

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 _____ -