

Troop 84 Venture Crew

C.O.P.E.

Saturday, October 6th 2007

Activity: Challenging Outdoor Personal Experience
(C.O.P.E.) is an exciting outdoor program that strives to develop teamwork, communication, trust, self-esteem, decision making and fun! Initiative games, low course challenges and high course!

Experiences await all! Course includes climbing, swinging, balance, jumping and a rappelling on their 25 event low course, rappelling tower and the zip line!

For more info see <http://camps.ppbsa.org/COPE/>

Run By: Run by Certified instructors at Allamuchy Scout Reservation
Phone: 973/347-3266

Sign Up: \$20.00 fee and per. Form due at first meeting on September 10th - No late sign ups! Space is limited!

Participants: Venture's and registered adult Leaders-
- Adult leaders are encouraged to participate -

Parents: We will need volunteers to drive

Depart: 7am (Sharp) from Church

Return: approx. 6pm-will receive a call - garage

Wear:

Troop Hat: ___ Long Pants: ___ (no jeans - to climb in)

Sturdy Sneakers: ___ Proper Socks: ___ T Shirt: ___ Jacket: ___
(depending on day)

Bring:

Day Pack: ___ Long Sleeve Shirt: ___ Sweat Shirt: ___

Rain Jacket: ___ Lunch: ___ Drink: ___ Snack: ___

Camera: ___ (Optional)

Questions: Contact Mr. Munley

Venture C.O.P.E.

Signup and Payment Due September 10th

Venture Scout _____ Will Participate Will Not Participate
Parent _____ Will Drive (0\$) Will Participate (\$20)

Trip Date : Oct 6 Trip Cost : \$20 Scout / \$20 Parent Total Paid : _____ by (Circle One) Cash Check Scout-Account

BOY SCOUTS OF AMERICA
TROOP 84 SOMERVILLE, NJ
WAIVER AND PERMISSION FORM

MY SON _____ HAS PERMISSION TO PARTICIPATE
(FIRST NAME) (LAST NAME)

WITH THE TROOP ACTIVITY KNOWN AS Venture C.O.P.E

WHICH WILL BE HELD AT Allamuchy Scout Reservation, NJ

MEDICAL CONDITIONS/RESTRICTIONS: _____

MEDICATIONS: _____

IN THE EVENT THAT YOU FIND IT NECESSARY FOR MY SON TO BE RETURNED HOME DUE TO ILLNESS OR OTHER REASONS, I MAY BE REACHED AT (PHONE) _____

OR AS AN ALTERNATIVE, CONTACT MR. /MRS. _____ AT _____

I hereby authorize the scout leaders to seek emergency care and further authorize the physician(s) to provide emergency treatment to my child for any laceration, fracture, other traumatic injury, any symptom, disease or injury which, in the judgment of attending physician, if untreated may be reasonably expected to increase the risk of harm to my child. This consent to care is to be in effect "only" after reasonable efforts have been made to contact and obtain my specific consent to any emergency treatment.

Parent's name (Print)

Parent's Signature

Date

In the event my son has a minor injury, I give my consent to the adult leader in charge to use his/her best judgment to decide if or when to administer the following over-the-counter medications:
Please check consented medications.

For headaches:	Acetaminophen (Tylenol)	_____
For muscle aches:	Ibuprofen (Advil)	_____
For hay fever, bee stings, poison ivy:	Antihistamine	_____
For upset stomach:	Antacid (Tums)	_____

Parent's Signature

Date

Recorded :