PROJECT COPE

Registration Form—COPE Instructor Level I & II Training Course

March 22-24 and April 26-28 2013

Camp Arrowhead, Marshfield MO

Run COPE for your own group!

NEW THIS YEAR! TRAINING AT OUR OWN COUNCIL.

The COPE Level I & II Instructor Training Course begins on Friday March 22, at 7:00 pm and ends at 3 pm on Sunday, March 24. The second weekend will be the same starting at 7:00 pm on April 26 and ending 3 pm on April 28. Every aspect of the Project COPE operations from National Standards to initiative games to low COPE and high COPE and rescues. Participants who successfully complete the course will be certified as Level II instructors for the COPE course and will be able to run the events for any groups on our course. Participants must be at least 18 years of age for Level I & at least 21 years of age for Levegl II and at least 15 years old and older to be certified as an instructor in training and will be trained for assisting any Level II instructor and be certified to work at summer camp. Program cost is $70, pre-registration is required and all meals on Saturday and Sunday are provided.

To register, return this form electronically, by fax or by mail to the Scout office in care of COPE Instructor Training c/o Tiphany Myers; Ozark Trails Council, 1616 S. Eastgate, Springfield MO 65809; Fax : 883-2534, email; tiphany.myers@ozarktrailsbsa.org by March 15, 2013. Questions and concerns please contact Sherry Davis COPE program manager at 417-844-4281 or Jared Alexander COPE/Climbing Advisor; jared.alexander@scouting.org.

Participants should bring a health form and participant agreement; water bottle, weather appropriate clothing and camping gear.

Those attending instructor training are required to serve as staff members at two COPE events each year until recertification. COPE events will be held throughout the year at Camp Arrowhead.

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_____

Participant's Signature Printed Name Date

_____ _____ _____

Parent or Guradian Signature (if under 18) Printed Name Date

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____

Alternate Phone: _____

Emergency Contact: (Name) _____

Phone: _____

Participant Agreement

Element of Danger Statement: As in any physical activity, there is an element of risk during the event. I understand there are inherent risks that cannot be eliminated from these activities. I have full knowledge of the nature and extent of the risks including, but not limited to:

1. Injuries resulting from falling from a height up to 40', collision with the Tower structure, high course events, low course events, or other obstacles.

2. Injuries resulting from rope abrasion, entanglement, and other injuries that may result from activities or other persons, including but not limited to slipping, trip and fall, climbing, rappelling, belaying, lowering on a rope, rescue or emergency activities, as well as injuries, abrasions, and cuts resulting from contact with the ground, equipment, and components of the program elements.

3. Failure of the ropes, harnesses, course hardware, anchor points, or any other part of the challenge course structure or equipment. Injuries from falling participants or equipment.

4. Injuries resulting from the negligence of other course participants, belayers, spotters, spectators or staff members.

Certification of Fitness: All material pre-existing health conditions and physical limitations of the participant will be disclosed by the participant or the participant's parent or guardian in writing before beginning any activity. I have listed below any medical conditions which may hinder my abilities in the selected activities.

1. Do you have any limiting physical disability, or conditions (temporary or permanent)? YES NO

If yes, identify and explain: _____

2. Are you currently taking medication (prescribed or otherwise)? YES NO

If yes, identify and explain: _____

3. Please list any allergies to food, medicine, plant, animal, insect, other:
_____

4. Have or subject to: (Check if yes) Asthma _ Fainting Spells _ Convulsions _ Diabetes_

Angina _ Epilepsy _ Drug Reactions _ Bleeding Disorders _ Heart Trouble _ Prosthesis_

Explain any checked boxes: _____

Medical Permission: This health information is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me or a physician. In the event of an emergency, I understand a reasonable attempt will be made to reach my emergency contact. If

unable to reach that contact, I hereby give permission to the physician, selected by the adult leaders in charge, to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication.

Talent Release: I grant permission to the Ozark Trails Council, or its' assignees to use and publish my likeness in photo/video format or electronic representation for event and corporate promotional use. I release the Ozark Trails Council, BSA from all associated liability and waive the right to compensation.

I HAVE READ THIS PARTICIPANT AGREEMENT, FULLY UNDERSTAND ITS' TERMS, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARNATEE BEING MADE TO ME. I HEREBY RELEASE AND HOLD HARMLESS, AND WAIVE ALL CLAIMS I MAY HAVE AGAINST BOY SCOUTS OF AMERICA, OZARK TRAILS COUNCIL, BSA, ACTIVITY CORDINATOR(S), ALL EMPLOYEES, VOLUNTEERS, OR OTHER ASSOCIATED ORGANIZATIONS.

_____ _____ Participant's Signature Printed Name Date

_____ _____

Parent or Guradian Signature (if under 18) Printed Name Date

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____

Alternate Phone: _____

Emergency Contact: (Name) _____ Phone: _____

Project COPE

Personal Equipment Checklist

The following is a list of materials to be provided by each participant:

_ Weather-appropriate clothing:

o Must not be too big and baggy; must be able to tuck shirt in

o Must not be too small so as to restrict body movement

_ Tennis shoes or hiking boots (no open-toed shoes permitted)

_ Water bottle

_ Completed Participant Agreement with required signatures

_ P.M.A.

o Positive Mental Attitude

o Come with an open mind & a spirit to learn

Notes:

_ Bring any emergency medication that you may need (Epi-pen, etc.).

_ Jewelry is not permitted to be worn during the COPE program. Either leave necklaces, bracelets, rings, earrings, watches, etc. behind or provide your own secure storage. When possible, leave wallets and other pocket stuffers behind.