

2008 Camp Mattatuck Program Guide

Week ____

Camp Mattatuck
Project C.O.P.E.
Participant Sign Up and Information Form

Please complete this form, have it signed by your Camp Scoutmaster, then submit it to the COPE staff during merit badge sign ups in the picnic grove, Sunday at 6:45pm.

PLEASE PRINT CLEARLY.

Name: _____	Date of Birth: _____	
Troop: _____	Campsite: _____	Your Age TODAY: _____

Have you ever been on a ropes course before? (with school, troop, etc.) Yes No
If so, when and where?

Do you have any of the following medical conditions? Please check all that apply.

- Allergies to bee stings
- Seizures
- Doctor's limitations
- Asthma
- Recent injuries or surgery
- Heart Conditions
- Diabetes
- Other: _____
- None

I have counseled with Scout _____. He has my permission to take part in the Camp Mattatuck Project C.O.P.E. program each morning Monday to Friday 9-12.

Date

Camp Scoutmaster's Signature

Scoutmaster's Printed Name