



Tupwee Gudas Gov Youchiqudt Soovep

Order of the Arrow
Rocky Mountain Council
411 S. Pueblo Blvd
Pueblo, CO 81005

OA COPE Course Project Registration Form

San Isabel Scout Ranch
Apr 23-25 and May 21-23, 2010

Deadline: Tuesday before date

Check in begins at 7:00 PM in the Dining Hall. Bring your own tent. Saturday and Sunday morning meals will be provided. Activities should be complete by 11:00 AM on Sunday

IMPORTANT: This is an individual registration form.

Please print all information clearly.

Name: _____

Address: _____

City: _____ Zip Code: _____

Date of Birth: _____ Phone: _____
Type (Circle Appropriate Option): -Home- -Mobile- -Work-

E-mail Address: _____

Join the Lodge Email List (Circle Appropriate Option): -Yes- -No-

Registration Fee

Campout Registration:

Apr 23-25 \$10.00

Total: _____

May 21-23 \$10.00

Total: _____

Make Checks Payable to Rocky Mountain Council

Grand Total: _____

By my signature, all information on this form is true and correct to the best of my knowledge.

Signature: _____ Date: _____

NEXT PAGE MUST BE FILLED OUT COMPLETELY

(OVER)

EMERGENCY CONTACT INFORMATION

All participants under the age of 18 *must* complete this portion of the form

Parent or Guardian Name: _____

Address: _____ City: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____

Emergency Telephone: _____

HEALTH INFORMATION

All participants *must* complete this portion of the form

Physician Name: _____ Telephone: _____

Health Insurance Company: _____

Policy Number: _____ Group Number: _____ Member Number: _____

Describe any condition that requires special care or would limit activity:

Describe any condition requiring regular medication:

Describe any special dietary requirements:

Describe any restrictions of activity for medical reasons:

PARENT OR GUARDIAN AUTHORIZATION

(Participants under the age of 18 *must* have their parent or guardian complete this portion of this form)

The person herein described has my permission to attend the event described above and to engage in all prescribed activities, except those as noted above. In the event that I cannot be reached in an emergency, I hereby give permission to the physician, selected by an adult leader in charge, to hospitalize, secure medical care and proper anesthesia, or to order any injection for my child as deemed medically necessary.

Parent Signature: _____ Date: _____

SCOUTING INFORMATION

Scout's Name: _____ Rank/Position: _____

Troop/Unit Number: _____ Unit's City: _____