

TO: PARTICIPANTS IN PROJECT COPE

FROM: COPE DIRECTOR

SUBJECT: PLANS FOR UPCOMING PROJECT COPE EXPERIENCE

COURSE DATE: \_\_\_\_\_

START TIME: 9:00 A.M. UNLESS OTHERWISE STATED



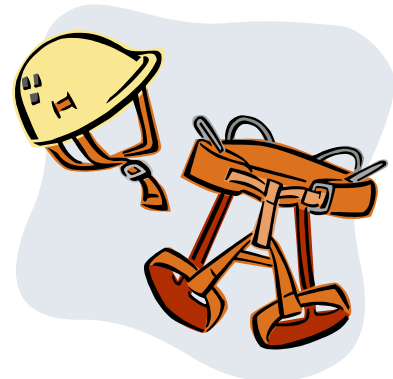
We are looking forward to having you join us for a Project COPE program. We want to give you some information that should help make your experience a highlight of the year. When you arrive at camp, check in at \_\_\_\_\_ . You will be escorted to the COPE Course. Please arrive at least 30 minutes before your start time to guarantee your entire group starts the course on time. If you are camping overnight, you can proceed directly to the COPE woods at your start time.

### WHAT TO BRING

Proper clothing will help you to enjoy the course. You will need soft-soled shoes (sneakers or running shoes-not heavy boots). Jeans will be the best pants to wear, but please avoid big metal buckles, as they are a safety hazard for the rest of the group. You will need to be pretty flexible on many events, so also avoid “skin-tight” jeans, or baggy jeans. Good sunglasses are a must; they will help you as you belay other members of your group up in the trees. Depending on the weather, either a t-shirt or a long-sleeved sweatshirt is necessary. Some participants like to wear leather palm gloves while on the high course. Your group will need at least two pairs of these, but bring your own if you want to wear them all day. Project COPE operates rain or shine (although heavy rain may postpone some high course events and lightning always closes the course, so bring a poncho in case of rain). If you are bringing your own lunch, be sure that it will be quick. We would not want to have meal preparation take away from the COPE experience.

### MEDICAL CONSENT FORM

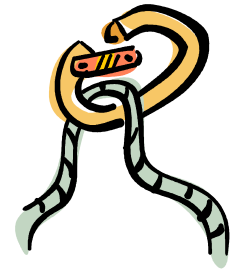
Each participant is **REQUIRED** to bring to camp a completed Medical Consent Form. (Attached, please copy for each participant).





## **PROJECT C.O.P.E.**

### **CHALLENGING OUTDOOR PERSONAL EXPERIENCE**



Project COPE is a program for youth and adults comprised of group initiatives, team-building, problem-solving, and physical challenge. Although Project COPE uses some of the skills, techniques and tools of rock climbing, it is not simply a climbing course. Rather, it uses climbing situations as one of the several means to achieve its goals. These goals include the development of trust, communication, self-esteem, leadership, problem-solving, decision-making, and teamwork.

#### **WHY PROJECT COPE?**

The Project COPE course challenges participants to become more aware of themselves and others, their strengths and limitations. For groups that already know each other well, Project COPE builds on this knowledge to improve communication and leadership skills. For newer groups—even complete strangers—Project COPE is a great mechanism for rapidly developing a strong sense of team membership.

Beyond all these lofty objectives, Project COPE is also FUN! Groups who have completed our course are uniformly impressed by how much they enjoyed the experience.

#### **HOW IS PROJECT COPE STRUCTURED?**

The first half of a Project COPE program, usually lasting for about one day, consists of group initiative activities and events on our “low course.” This is a series of approximately a dozen structures, each one of which presents a problem for groups or individual solution. The climax of the low course is a group effort to scale a 12-foot wall.

The second half of a complete Project COPE program is the “high course.” This consists of approximately twelve elements which require participants to negotiate cables, swings, and nets high in the air. An elaborated, redundant safety system protects participants at all times.

Some groups, with limited time and resources, may decide to participate only in the low course. The complete Project COPE experience, low and high courses, requires about two full days.

#### **WHO LEADS PROJECT COPE?**

Project COPE is a program of the Heart of Ohio Council. It is staffed by trained volunteers. The course directors, one of whom is present for all courses, are nationally trained and certified to conduct the program. Our instructors and staff members are locally recruited and extensively trained. The entire program staff, facilities and policies are subject to a rigorous annual inspection and certification by the Boy Scouts of America.

#### **CHALLENGE BY CHOICE**

Two overriding concerns guide the staff at all times. First, we are committed to providing a safe experience for all participants. Second, Project COPE strives to build confidence in each participant. At no time, however, will any participant be pushed into doing something he or she wishes not to do.

## **WHO CAN PARTICIPATE IN PROJECT COPE?**

Adults and youth may participate in Project COPE. Participants must be 12 years old by January 1 of the year they are attending COPE to participate in low course activities. Participants must be 13 years old by January 1 to participate in high course activities. Optimum group size is 8-14 participants.

As a service to the community, we also make Project COPE available to non-Scout groups whose mission is consistent or compatible with that of the Boy Scouts of America. Corporate groups, community groups, fire departments, law enforcement groups, and school groups can benefit from a Project COPE experience. For these groups, we combine the high and low course activities with effective classroom instruction. This program is called Venture Leadership.

## **HOW DO WE SIGN UP?**

Project COPE dates tend to fill up quickly, so we suggest that you make your reservation today. After your group is scheduled, the leadership will receive a packet of information. This includes a Medical Consent Form which must be signed by all participants or their parents/guardians. The leader will also be given information about the pre-course conditioning, clothing to bring, etc.

Non-Scout groups will need to complete some additional forms, such as a Hold Harmless Agreement and provide a certificate of insurance. Such groups should communicate with us directly to arrange all the necessary steps.

For COPE Scheduling, please contact Marc Amos at 440-864-7172 or by email at [mamos314@gmail.com](mailto:mamos314@gmail.com). After confirming your date with him, please call the Scout Service Center at 419-522-8300 ext.100. We will need your group information in order to get the paperwork out to you.



**COPE OR CLIMBING TOWER  
MEDICAL INFORMATION CONSENT FORM  
YOUTH AND ADULT**

Name \_\_\_\_\_

First

Middle

Last

Telephone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Home

Work

Personal Physician \_\_\_\_\_

Name

Telephone

In case of an emergency, please contact \_\_\_\_\_

Name

Telephone

Special dietary considerations \_\_\_\_\_

List known allergies \_\_\_\_\_

Activity restrictions \_\_\_\_\_

If you are allergic to bee stings, do you have a bee sting kit? \_\_\_\_\_

Any vision or hearing problems? Yes or No If yes, please explain \_\_\_\_\_

Do you wear contact lenses? Yes or No Are you pregnant? Yes or No

Have you had or do you now have: Heart Attack Diabetes Asthma Angina Epilepsy

Do you have any other medical conditions we should be aware of? \_\_\_\_\_

It is understood and agreed that I am not under the influence of any chemical substance, including alcohol. Understanding that any physical activity involves risk of injury, I understand that my participation in the Heart of Ohio Council's COPE program is entirely voluntary. I release the Heart of Ohio Council, its employees and staff from any claims or liability arising out of my participation. This release does not, however, apply to any harm caused by negligence or willful misconduct of the Heart of Ohio Council or its employees.

Signature of Participant \_\_\_\_\_

Date

Unit/Company/Organization \_\_\_\_\_

Date

Note: If the participant is under age 18, his or her parent or guardian must also sign below.

In case of an emergency, 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.

Parent/Guardian Signature \_\_\_\_\_

Date

Emergency Number where I can be reached \_\_\_\_\_

<p>For Council Use Only: Medical history reviewed by _____</p> <p>Participant is <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved, because of _____</p>
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