



Exploring is a division of Learning For Life

Challenging Outdoor Personal Experience C.O.P.E.

Dear C.O.P.E. Participant:

We are pleased to announce that the Cascade Pacific Council is offering resources and facilities that will allow us to make our C.O.P.E. program available to you.

To take full advantage of the program resources and liability insurance offered through Learning for Life, you will be enrolled into the local Exploring program. Please fill out the basic permission form below and return this form to us for our files.

| | | | |
|---------------------------|-----|-------------|--------|
| First & Last Name: | | | |
| Date of Birth: | / / | Boy or Girl | Grade: |
| Home Phone Number: | | | |
| Street Address: | | | |
| City, State and Zip Code: | | | |

Signed: _____ Date: _____
(Participant)

Signed: _____ Date: _____
(Parent/Guardian)