

**SCOOP Wilderness is coming!
But first, we have a few questions...**

By Friday, July 15th please mail completed form to:

SCOOP
Dean of Student Affairs
Skidmore College
815 North Broadway
Saratoga Springs, NY 12866

Name: _____

Male _____

Female _____

T-Shirt Size (please check one):

Adult Small _____

Adult Medium _____

Adult Large _____

Adult XL _____

Please list allergies:

Please list any special dietary needs:

Do you have outdoor experience? _____ Yes _____ No

If yes, please explain:

Don't forget to send your health forms to Health Services! You can't go on SCOOP without them!

**Can't wait to see you soon!
Colten Karnedy '13
SCOOP Student Coordinator**

SCOOP AGREEMENT: CODE OF CONDUCT

Student Name: _____

- I have read the accompanying letter and have completed this reservation form to participate in the Skidmore College Outdoor Orientation Program.
- I will comply with all health and safety standards and codes of conduct as set forth by Skidmore College and The Sagamore Institute, including the prohibition of the possession and/or use of alcohol and controlled substances during this program.
- I also understand that a violation of any standards and regulations connected with this program will result in my immediate removal from the program, followed by a report to the Dean of Student Affairs.
- I understand that if a place is reserved for me in the program, and I fail to attend or participate, my program fee will not be refunded.
- I give permission to allow Skidmore to make a copy of my health form, for my safety on SCOOP.

Signature of Student

Date

PARENTAL ACKNOWLEDGMENT

I am aware that the above student has completed the reservation form for the Skidmore College Outdoor Orientation Program and I approve of his/her participation.

Signature of Parent or Guardian

Date