SCOOP is coming!
But first, we have a few questions...
By Friday, July 15th please mail completed form to:

SCOOP
Campus Life
Attention: Mary Ann Toia
Skidmore College
815 North Broadway
Case Center 309
Saratoga Springs, NY 12866

Name: ___________________________________________________

Male ____ Female ____

Get excited for four days at the beautiful Great Camp Sagamore! As a lodging participant you will be taking part in two separate day trips – one hiking, one canoeing. Although we cannot guarantee you will participate in the day trips of your choosing, we will honor requests as much as possible. To get a better sense of your hiking and canoeing interests, please check if you would prefer:

Option One: Short hike and long canoe
Option Two: Long hike and short canoe

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!
Asher Siegel ‘17
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