



SLS ALGONQUIN CUB CAMP AUGUST 12-19, 2017 – CAMP INFORMATION SHEET



Welcome to the “SLS Algonquin Cub Camp”. We are planning seven days of fun and camp experience for your youth. Some of the activities that we run every year include introductory canoeing on Whitefish Lake, hiking/cycling the trails of Algonquin, and of course checking out the wild life. Every year we also have special activities; past years have included crafting their own paddle, meeting local artisans and interacting with some Algonquin Aborigines.

Prerequisites & Gear

This camp is open to all qualifying youth; your scouters are not required to attend with you as we have an excellent team of scouters already in place. We are asking that the youth have one year of experience in Cubs and that they have attended at least one Cub Camp.

Youth must supply their own personal gear (clothes, sleeping bag and pad, etc.); tents and group equipment will be provided for them. If your youth owns their own paddle and/or PFD please bring them to camp, but if not paddles and PFDs are available at no extra cost.

Logistics

The drop off will be on Saturday morning approximately 8:00 a.m. and pick up will be approximately 3:30 p.m. on the following Saturday at the 404 plaza in Newmarket. We will have a liaison in the Newmarket area in case of emergency or for updated information on when the bus will arrive back in town.

Fees & Deadlines

The registration deadline is May 31, 2017. Cost of the seven-night, eight-day camp is \$350.00 and includes bus transportation, food, programme and a crest. Please register early, as space is limited.

A deposit of \$100.00 (non-refundable) is required at time of registration and final payment is due by May 31, 2017. The camp fee includes all meals, camp permit fees, and transportation to and from the camp.

We understand that sometimes life happens and your child is not able to attend the camp after making the final payment. However, there are costs that are incurred along the way to make this camp happen. Therefore:

- The deposit of \$100.00 is non-refundable.
- The remaining \$250.00 is totally refundable up to June 24th, after which 50% or \$125.00 will be refunded up to July 15th
- Any cancellations after July 15th will not be refunded.

Ready to register? Have more questions?

We hope that the information we have given you will help you and your child come to a decision about our camp, and that your child is excited to join us on this amazing summer adventure! We promise that it will be a camp that he/she will remember for years after.

For questions before registering, please contact Mark Hayes at 905-775-4186 or email slsalgonquin@gmail.com. We will be holding a Parent/Youth meeting for all registered participants in June where all questions will be answered and all updated information including bus pick up and drop off will be distributed.

If you're ready to register, please fill out the attached form and return it to us before the May 31st, 2017 registration deadline.



SLS ALGONQUIN CUB CAMP AUGUST 12-19, 2017 – CAMPER REGISTRATION FORM



YOUTH INFORMATION

LAST NAME: _____ FIRST NAME: _____
 DATE OF BIRTH (yyyy/mm/dd): _____ AGE (at time of camp): _____ GENDER (M/F): _____
 CUB SCOUT MEMBERSHIP DETAILS ▶ GROUP: _____
 AREA: _____ COUNCIL: _____
 ADDRESS ▶ STREET: _____
 CITY: _____ POSTAL CODE: _____
 T-SHIRT SIZE (circle one): _____

PARENT/GUARDIAN INFORMATION

NAME: _____ NAME: _____
 HOME PHONE: _____ HOME PHONE: _____
 DAYTIME PHONE: _____ DAYTIME PHONE: _____
 CELL PHONE: _____ CELL PHONE: _____
 EMAIL ADDRESS: _____ EMAIL ADDRESS: _____

ALTERNATE EMERGENCY CONTACT

NAME: _____ PRIMARY PHONE: _____
 ALT. PHONE 1: _____ ALT. PHONE 2: _____

TRANSPORTATION: My Cub will take the camp bus GOING TO camp on August 12, 2017
 My Cub will take the camp bus RETURNING FROM camp on August 19, 2017

METHOD OF PAYMENT: **Credit Card** – the Camp Chief will arrange with the treasurer to contact you for payment
 Cash/Cheque – Full fee of \$350 included with application
 Cash/Cheques – Deposit of \$100 and post-dated cheques if applicable totalling \$350 included with application

MEDICAL INFORMATION – Scouts Canada Physical Fitness Certificate – BP&P Section 20000

Does the participant have any allergies? (Y/N) If yes, please complete the following:

Allergy Type:	Details:
<input type="checkbox"/> Medicine <input type="checkbox"/> Toxins <input type="checkbox"/> Plants <input type="checkbox"/> Foods <input type="checkbox"/> Insects <input type="checkbox"/> Smoke <input type="checkbox"/> Animals <input type="checkbox"/> Other (see details)	

Has the participant experienced any of the following in the past? (Y/N) If yes, please complete the following:

Medical Condition:	Details:
<input type="checkbox"/> Appendicitis <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Mumps <input type="checkbox"/> Scarlet Fever <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Heart Condition <input type="checkbox"/> Measles <input type="checkbox"/> Other (see details) <input type="checkbox"/> Kidney Disease	

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SLS ALGONQUIN CUB CAMP AUGUST 12-19, 2017 – CAMPER REGISTRATION FORM



MEDICAL INFORMATION – Scouts Canada Physical Fitness Certificate – BP&P Section 20000 (continued)

Is the participant subject to any of the following? (Y/N)

If yes, please complete the following:

Medical Condition:	Details:
<input type="checkbox"/> Asthma <input type="checkbox"/> Contact Lenses <input type="checkbox"/> Headaches <input type="checkbox"/> Fainting Spells <input type="checkbox"/> Bleeding Disorder <input type="checkbox"/> HIV <input type="checkbox"/> Ear Problems <input type="checkbox"/> Diabetes <input type="checkbox"/> Other (see details)	<input type="checkbox"/> Hernia <input type="checkbox"/> Back problems <input type="checkbox"/> Motion sickness <input type="checkbox"/> Cramps <input type="checkbox"/> Convulsions <input type="checkbox"/> Sleepwalking <input type="checkbox"/> Nightmares <input type="checkbox"/> Bedwetting

FOR FEMALES ONLY: Has the participant menstruated? (Y/N)

If no, has menstruation been explained to her? (Y/N)

Is the participant pregnant? (Y/N)

Does the participant require any other special care, medication or diet? (Y/N)

If yes, please provide details:

Details:

Has it ever been necessary to restrict the applicant's activities for medical reasons? (Y/N)

If yes, please provide details:

Details:

Additional Health Information:

Date of most recent physical exam (month/year): _____ Date of last tetanus shot (month/year): _____

Swimming Ability:

The participant is able to swim: If yes, highest level achieved: _____

CONSENT TO ARRANGE MEDICAL CARE

Experience has shown that in connection with Scouting activities there are times when illness or accident may occur and immediate surgical or medical attention is necessary. This is my permission for the Scouter in charge, or designate, to make arrangements for qualified surgical or medical attention for my child/ward in the event of an emergency without necessity of my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised. **Initials:** _____

I confirm that the medical information provided above with respect to any known potentially life-threatening allergy or illness is complete and correct. **Initials:** _____

PERMISSION TO PARTICIPATE

I the undersigned, having read, understood, and completed the above, and having been briefed regarding the nature of the activity, hereby give my permission for my child/ward to attend and participate in the SLS Algonquin Cub Camp program on August 12-19, 2017 in Algonquin Provincial Park, with Mark Hayes et. al. as the Scouter in charge.

Parent/Guardian Name (print)

Signed

Date

Return this application by mail or email to:

SLS Algonquin Camp c/o Joanne Guay, 354 Maplegrove Ave, Bradford ON L3Z 1V7
or salsalgonquin@gmail.com