



2017-2018 Scouting Year PROGRAM PARTICIPANT ENROLMENT FORM

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The purpose of gathering the information on this form is to provide Scouters with the information they need to facilitate the activities of youth participating in Scouts Canada program activities and to be able to respond in the event of an emergency. Please note that Scouts Canada is committed to respecting the privacy of our members, their families, and our employees, by adhering to the privacy principles set forth in Schedule 1 of The Personal Information Protection and Electronic Documents Act. By completing this form, you acknowledge and agree to the use of your personal information as described by the Scouts Canada Privacy Statement at myscouts.ca/ca/content/privacy-statement. This form is to be completed and signed by the parent/guardian at the beginning of each Scouting year and submitted to the Group Commissioner. The Scouter will be provided a copy of this form and it is the responsibility of the parent/guardian to notify/update the Scouter of any changes to the medical status of their son/daughter/ward as these changes occur. The parent/guardian should also notify the Scouter if there are any other changes to the information on this application during the year.

Mandatory fields are marked with the symbol '*'

Starting September 1, 2017 Scouts Canada is moving to online parent registrations only and Scouting Groups will not be able to process this paper registration form. If you are using this form before this date please ensure your Scouting Group has enough time to process this registration form.

SCOUT GROUP NAME AND ROLE*: _____

- Beaver Scout (5-7)
 Cub Scout (8-10)
 Scout (11-14)
 Venturer Scout (15-17)
 Rover Scout (18-26)
 Other : _____

MEMBER INFORMATION:

New Member

Returning Member

First Name*: _____ Middle Name: _____

Last Name*: _____ Date of Birth (mm/dd/yyyy)*: _____

Gender*: Male Female

Evening Phone*: _____ Daytime Phone: _____

Other Phone: _____ Email*: _____
This email will be used as a user name in myscouts.ca if over 18 years of age

Street Address*: _____ City*: _____

Prov/Terr*: _____ Postal Code*: _____

Preferred Language: English French

Are there any family circumstances, cultural or faith requirements of which the Scouter should be aware? Yes No

If yes, please provide details.* _____

PARENT/GUARDIAN INFORMATION: (provide at least one parent/guardian and address if different than above)

First Name*: _____ First Name*: _____

Last Name*: _____ Last Name*: _____

Date of Birth (mm/dd/yyyy): _____ Date of Birth (mm/dd/yyyy): _____

Evening Phone: _____ Evening Phone: _____

Daytime Phone: _____ Daytime Phone: _____

Other Phone: _____ Other Phone: _____

Email*: _____ Email*: _____

Street Address: _____ Street Address: _____

City: _____ Prov/Terr: _____ City: _____ Prov/Terr: _____

Postal Code: _____ Country: _____ Postal Code: _____ Country: _____

Email*: *This email will be used as the parent/guardian's user name in myscouts.ca if participant is under 18 years of age.*

ALTERNATE EMERGENCY CONTACT INFORMATION: (provide at least one emergency contact in addition to parent/guardian above)

Emergency Contact 1*:

Last Name*: _____

First Name*: _____

Daytime Phone*: _____

Evening Phone*: _____

Other Phone: _____

Relationship to member*: _____

Permission to pick up youth from meetings*:

- Yes No

Emergency Contact 2:

Last Name: _____

First Name: _____

Daytime Phone: _____

Evening Phone: _____

Other Phone: _____

Relationship to member: _____

Permission to pick up youth from meetings:

- Yes No

Emergency Contact 3:

Last Name: _____

First Name: _____

Daytime Phone: _____

Evening Phone: _____

Other Phone: _____

Relationship to member: _____

Permission to pick up youth from meetings:

- Yes No

2017-2018 Scouting Year

Member Last Name: _____ Member First Name: _____

MEDICAL EMERGENCY PROCEDURES CONSENT:

Residents of all Provinces/Territories except Quebec: 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 son/daughter/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.

RESIDENTS OF QUEBEC:

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. In the event of an emergency in which my child's life is in danger or his/her integrity is threatened and I cannot be reached to provide consent, I agree that care may be provided to my child without my consent, as contemplated in paragraph 1 of article 13 of the Civil Code of Quebec. I understand that I will be notified by the quickest means possible if this authority is exercised.

INFORMATION FOR MEDICAL EMERGENCIES:

Provincial/Territorial Health Care Number (Voluntary in some provinces and territories): _____

Physician's Name: _____ Physician's Phone: _____

Insurance Coverage Held (Voluntary in some provinces and territories)*: Yes No _____

Does the participant have any allergies?* Yes No If yes, provide details below indicating severity (mild, severe, life threatening)*:

Please advise of any medical conditions, diseases, operations, disorders or problems the member has had or currently has below.

Does the participant require special care, medication or diet?* Yes No If yes, please provide details below*:

Date of last tetanus shot (Month and Year): _____ Swimming Abilities: Non Swimmer Swimmer

PHOTO RELEASE, FUNDRAISING AND COMMUNICATIONS CONSENT:*

Throughout the Scouting year, leaders, parents and Scouts Canada employees take photos and video of youth participating in Scouting activities. These photos are typically kept in Group photo albums and displayed on Group web sites. Some are also submitted to local newspapers and to Scouts Canada's Communications Services where they are often used in Scouts Canada publications and promotional materials.

- Tick this box if you **DO NOT** consent to the use of images of yourself and/or your son/daughter/ward as indicated above.*
- Tick this box if you wish to be informed about fundraising and other member benefits not specifically related to your Scouting program.*
- Tick this box if you wish to receive relevant and timely information about your Scouting program from Scouts Canada via email or mail.*

PARENT/GUARDIAN INVOLVEMENT:

Your VOLUNTEER Scouters need your assistance in the operation of your child's program. We know that parents/guardians enjoy participating with their son/daughter/ward and Scouts Canada encourages this. Please feel free to tick off one or more of the boxes below indicating areas in which you would be interested in providing assistance.

- | | | |
|---|--|---|
| <input type="checkbox"/> Full-time Scouter/Parent Volunteer | <input type="checkbox"/> Cooking, Banquets | <input type="checkbox"/> Woodworking |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Singing, Music | <input type="checkbox"/> Phoning |
| <input type="checkbox"/> Environment & Nature Lore | <input type="checkbox"/> Resource Person | <input type="checkbox"/> Games |
| <input type="checkbox"/> Part-time Scouter/Parent Volunteer | <input type="checkbox"/> Drawing, Art | <input type="checkbox"/> Science/Engineering Activities |
| <input type="checkbox"/> Organization & Planning | <input type="checkbox"/> Sports | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Outdoor Activities | <input type="checkbox"/> Camp Helper | <input type="checkbox"/> Handicrafts |
| <input type="checkbox"/> Committee Administration | <input type="checkbox"/> Drama, Skits, Play Acting | <input type="checkbox"/> Other: _____ |

INFORMATION UPDATE: *Note: parent or guardian must sign the Consent to Participate section at the bottom of this form. This section is to be signed by the parent or guardian when there are updates during the Scouting year.*

Updated By(Parent Name): _____ Signature: _____ Date: _____
(Please Print) (mm/dd/yyyy)

Updated By(Parent Name): _____ Signature: _____ Date: _____
(Please Print) (mm/dd/yyyy)

Updated By(Parent Name): _____ Signature: _____ Date: _____
(Please Print) (mm/dd/yyyy)

CONSENT TO PARTICIPATE:

To be completed if the Member is under 18 years of age. I understand that participation in Scouts Canada is voluntary, and involves a certain degree of risk when participating in some Scouting activities. After carefully considering the risks involved, and having full confidence that reasonable precautions will be taken to ensure the safety and well-being of my (son/daughter/ward), I grant permission for my son/daughter/ward, to become a member of Scouts Canada and participate fully in its activities.

To be completed by Rover Scouts 18 years of age and over. I will subscribe to the Mission, Principles, Practices and Methods of Scouts Canada. I will abide by the By-Laws, Policies and Procedures of Scouts Canada. I understand that participation in Scouts Canada is voluntary and involves a certain degree of risk when participating in some Scouting activities. After carefully considering the risks involved, I will take, to the best of my ability, reasonable precautions to ensure the safety of other members (youth and adult) as well as my personal safety. I have or I will have, read, understood, agreed to and signed the Code of Conduct, and I will abide by the Code of Conduct as a condition of membership.

X _____
 Signature of Parent/Guardian Date (mm/dd/yyyy)

X _____
 Signature of Participant over 18 Date (mm/dd/yyyy)

Note to Scouters: At the end of the year, please forward your copy of this form to your council office.

* mandatory fields



Scouts Canada Physical Fitness Certificate

NOTE: This form is to be filled out by the parent/guardian at the beginning of each Scouting year and kept by the leader. It is the parent's/guardian's responsibility to update the leader of any changes in the medical condition of their child/ward throughout the Scouting year. (This form should be filled out for adults as well.)

Surname: _____ Given Name: _____ Initial: _____ Date of Birth: _____ Age: _____ Male Female
Address: _____ City: _____
Province: _____ Postal Code: _____ Home Phone: _____
Physician's Name: _____ Phone # _____ Scout Group Name: _____
*Provincial Medical Plan: _____ Insurance Coverage Held: _____
Emergency Contact name: _____ Phone number: _____

Emergency Medical Information:

Does the applicant have any allergies? Yes No If yes, please indicate below.

- Medicine Insect Bites Toxins Food Smoke
 Plants Animals Other

Details: _____

Has had, please check (x)

- Appendicitis Mumps Chicken Pox Measles Kidney disease
 Rheumatic Fever Scarlet Fever Heart condition Other

Is subject to any of the following, check (x) and give details:

- Asthma Contact Lenses Headaches Fainting spells Bleeding disorders
 HIV Ear problems Diabetes Hernia Back problems
 Motion sickness Cramps Convulsions Sleepwalking Nightmares
 Bed wetting Other _____

Details: _____

If female, has youth participant menstruated? Yes No
If no, has she had menstruation explained to her? Yes No Pregnant?

Does the participant require special care, medication or diet? Yes No

Details: _____

Date of most recent physical examination (Month and Year): _____

Date of last tetanus shot (Month and Year): _____

Swimming abilities: Non Swimmer Swimmer (Highest Level Achieved): _____

Has it ever been necessary to restrict the applicant's activities for medical reasons? Yes No

Details: _____

Signed, Parent/Guardian: _____ Date: _____

Updated, Parent/Guardian: _____ Date: _____

Updated, Parent/Guardian: _____ Date: _____

**Voluntary in some provinces*

CAMPANOE CHALLENGE 2018 July 28 to August 5



Application for Offer of Service

Campanoe Challenge desperately needs help in several areas while camp is operation. An Offer of Service is a staff position in which you will be assigned to work with a specific Camp Director or Activities Coordinator. **If a person applies for an Offer of Service, they can not be a leader to a group of youth attending camp.**

The cost for an Offer of Service is \$180.00, which covers all your meals, a staff hat, a badge and your Bear Claws and camping fees. If you feel you can fill any of the positions listed, please fill out this form and the Individual Registration/Permission form on the reverse and submit it to me, along with your cheque or money order for **\$180.00 by June 1, 2018.**

**Campanoe Challenge
19 Ellison Cres
Regina, SK
S4R 4V4**

Many of you have experienced working at a weekend camp; however, working a week long camp is an entirely different scenario. The workload is spread out over 9 days rather than 2. If you feel you would like to attend a function in which your youth are attending, but not as a leader, come on in as an Offer of Service. Come and take a look at Scouting from a different angle, and have a whole lot of fun in the process. If you require more information on the following positions, please contact Keith at (306) 737-8143 or email at campanoechallenge@gmail.com.

- Outdoor Cooking Instructor
- Naturalist
- Ass't Canoe Instructor
- Mr. Gopher (this is a pickup and delivery position and requires a truck. Gas will be reimbursed.)
- Outdoor Cooking Ass't
- Tenderfoot Ass't
- Frog Patrol Nanny
- Pioneering Ass't
- Cub Program Ass't
- Kitchen Help

NAME _____

ADDRESS _____

POSTAL CODE _____ PHONE (W) _____ (R) _____ BIRTHDATE: (M) _____ (Y) _____

GROUP NAME & NUMBER _____

ARE YOU A REGISTERED MEMBER OF SCOUTS CANADA _____ HOW MANY YEARS _____

PRESENT POSITION IN SCOUTING (if applicable) _____

LIST ALL POSITIONS YOU HAVE HELD IN SCOUTING AS A MEMBER OR A NON-MEMBER _____

1st CHOICE FOR OFFER OF SERVICE _____

LIST EXPERIENCE FOR THIS POSITION _____

2nd CHOICE FOR OFFER OF SERVICE _____

LIST EXPERIENCE FOR THIS POSITION _____

ANY OTHER COMMENTS YOU WISH TO SHARE _____

***** Leaders, staff, Directors, Participants, must fill out the Medical form! *****

SCOUTS CANADA

PARENT/GUARDIAN CONSENT FORM

FOR CATEGORY THREE ACTIVITIES AND OUT OF COUNTRY TRAVEL

(Scouters: this is to be filed with Camping/Outdoor Activity Application)

NOTE: IF APPLICANT IS UNDER 18, PARENT OR GUARDIAN MUST SIGN

Youth's Name: _____ Phone: _____ Cell: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____

RESIDENTS OF ALL PROVINCES/TERRITORIES EXCEPT QUEBEC:

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.

RESIDENTS OF QUEBEC:

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. In the event of an emergency in which my child's life is in danger or his/her integrity is threatened, and I cannot be reached to provide consent, I agree that care may be provided to my child without my consent, as contemplated in paragraph 1 of article 13 of the *Civil Code of Quebec*. I understand that I will be notified by the quickest means possible if this authority is exercised.

IF YOU WILL BE ABSENT FROM YOUR NORMAL PLACE OF RESIDENCE DURING THE PERIOD WHEN THE EVENT IS BEING HELD, PLEASE INDICATE HOW YOU CAN BE CONTACTED:

Name: _____ Phone: _____ Cell: _____

OR I will attend the event/activity with my child/ward.

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 following event/activity: _____

at the following location: _____

with the following Scouter in charge: _____

on the following date: _____



Please provide any important medical information or food allergies below:

I have viewed my child's/dependent's information in myscouts.ca and the information is up to date.

Signed, Parent/Guardian: _____ Date: _____

FOR OUT-OF-COUNTRY TRAVEL

BOTH PARENT/GUARDIAN'S SIGNATURES REQUIRED FOR OUT-OF-COUNTRY TRAVEL

Signed, Parent/Guardian: _____ **Date:** _____

1. Signed before me, _____ (name of witness), this _____ (date)
by, _____ (parent/guardian's name) at _____ (name of location).

Witness Signature: _____

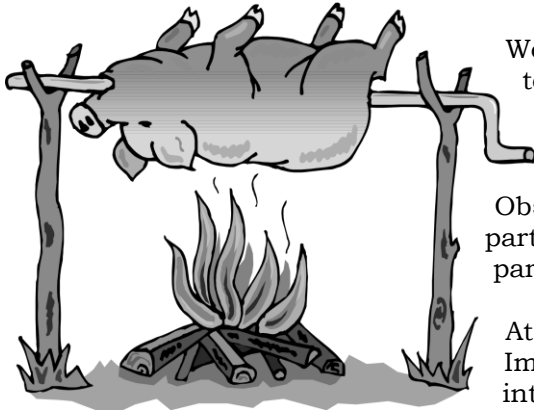
Signed, Parent/Guardian: _____ **Date:** _____

2. Signed before me, _____ (name of witness), this _____ (date)
by, _____ (parent/guardian's name) at _____ (name of location).

Witness Signature: _____



Campanoe Challenge Bar-B-Que Return Form

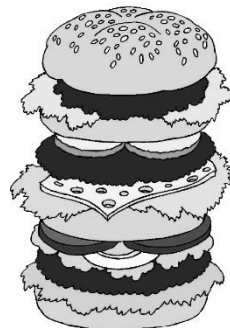


We invite all parents and family members of those attending camp to our annual family BBQ on Saturday August 4th, 2018. This is a chance for participants of the camp to show their families around camp and give a glimpse at what they have been doing over the past 8 days. The day starts at 1:00PM when the Obstacle Course takes place. This is when the first year participants run a grueling course created by the 2nd year participants.

Square using weapons created by the 1st year, Cubs and week. We have a safe zone, but some balloons have otherwise gone amuck and some innocents have been safety bring a raincoat or even a garbage bag will suffice.

The lowering of the flag takes place on this evening at following, everyone is invited to the ceremonial campfire. chair and a blanket. The evenings can get cool.

Scouts Own is Sunday morning at 8:30 a.m. All guests The official closing will be on Sunday morning, August 5th, 2018. The participants will not be allowed to leave camp before official closing, unless special arrangements are made with the Camp Administrator, Kevin Earl or camp chief, Trevor Proskie. Campanoe Challenge is a strong supporter of the term "Leave nothing behind but thanks". Therefore, participants in the 1st, 2nd, 3rd, 4th year, Tenderfoot and Cub programs are not allowed to leave until their campsite is checked and they are cleared to leave by a designated camp official.




At 17:00 hours (5:00 p.m.) the Family Barbecue starts. Immediately following the BBQ is the 1st year water fight. This intense battle takes place in Parade Tenderfeet throughout the unintentionally or known to get splashed. For

8:30PM, and immediately Don't forget to bring a lawn

are encouraged to attend.

Please be advised that as per Scouts Canada Bylaws, Policies and Procedures, pets are not allowed on Scouts Canada Property.

So that we know how much food to prepare,  please fill out this form and send it along with the youth attending camp.

BARBEQUE ATTENDEES

Number of guests over the age of 12 at \$5.00 per person _____

Number of children 12 and under at \$3.00 per person _____

(Children 2 and under - no charge)

Total number attending _____

Family Name _____

**Fees for the barbecue are payable upon your arrival at the Family Barbecue.
Do not send money for the Barbecue with your youth to camp.**