

**Campanoe Challenge**  
**19 Ellison Cres**  
**Regina, Sask.**  
**S4R 4V4**  
  
campanoechallenge@gmail.com



**GROUP REGISTRATION FORM**

Group Name/ Number \_\_\_\_\_  
 Group Contact Name & Phone Number \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Contact Name and Number of Leader attending Camp \_\_\_\_\_

	Number of Youth And Leaders	Prices	Total Costs
Frog Patrol	_____	\$165.00	_____
Cub Program	_____	\$235.00	_____
Tenderfoot	_____	\$235.00	_____
First Year	_____	\$235.00	_____
Second Year	_____	\$255.00	_____
Third Year	__ N/A 2023 __	\$290.00	_____
Fourth Year	__ N/A 2023 __	\$290.00	_____
Offer of Service	_____	\$180.00	_____
		Total	_____

**Note: A \$25 late fee will be applied to all registrations sent after June 1st.**  
 Please ensure that all participants attending camp have filled out the current year's registration forms and that three copies per participant are supplied to the camp administration.

Name of Participant	Year of Program Attending	Youth / Leader	T shirt Size

**PLEASE SEND FORMS AND PAYMENT BY JUNE 1<sup>st</sup> TO THE ADDRESS ABOVE**

CAMPANOE CHALLENGE 2022 July 23rd to 31st



# 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.

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](mailto: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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1<sup>st</sup> CHOICE FOR OFFER OF SERVICE \_\_\_\_\_

LIST EXPERIENCE FOR THIS POSITION \_\_\_\_\_

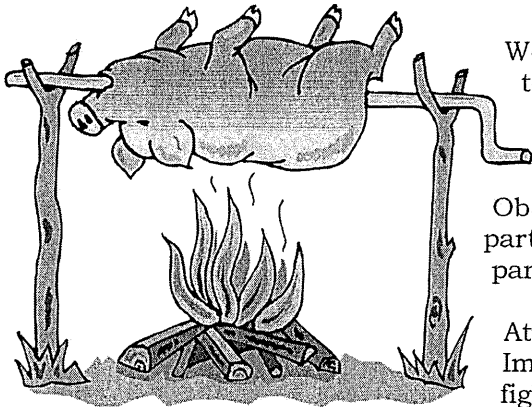
LIST EXPERIENCE FOR THIS POSITION \_\_\_\_\_

ANY OTHER COMMENTS YOU WISH TO SHARE

\_\_\_\_\_  
\_\_\_\_\_

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

# Campanoe Challenge Bar-B-Que Return Form



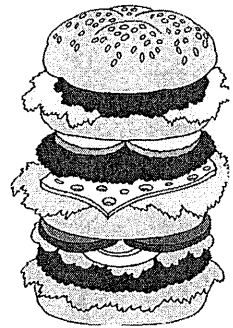
We invite all parents and family members of those attending camp to our annual family BBQ on Saturday August 5, 2023. This is a chance for participants of the camp to show their families around camp and give a glimpse at what they have been doing over the past 8 days. The day starts at 1:00PM when the Obstacle Course takes place. This is when the first year participants run a grueling course created by the 2<sup>nd</sup> year participants.

At 17:00 hours (5:00 p.m.) the Family Barbecue starts. Immediately following the BBQ is the 1<sup>st</sup> year water fight. This intense battle takes place in Parade Square using weapons created by the 1<sup>st</sup> year, Cubs and Tenderfeet throughout the week. We have a safe zone, but some balloons have unintentionally or otherwise gone amuck and some innocents have been known to get splashed. For safety bring a raincoat or even a garbage bag will suffice.

The lowering of the flag takes place on this evening at 8:30PM, and immediately following, everyone is invited to the ceremonial campfire. Don't forget to bring a lawn chair and a blanket. The evenings can get cool.

Scouts Own is Sunday morning at 8:30 a.m. All guests are encouraged to attend. The official closing will be on Sunday morning, August 6th, 2023. The participants will not be allowed to leave camp before official closing, unless special arrangements are made with the Camp Administrator. Campanoe Challenge is a strong supporter of the term "Leave nothing behind but thanks". Therefore, participants in the 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> 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.

**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  
send it along with the



food to prepare, please fill out this form and  
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 \_\_\_\_\_

Diet Restrictions (Vegan, Gluten Free, etc) \_\_\_\_\_

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.**



# PROGRAM PARTICIPANT ENROLMENT FORM

SCOUT GROUP \_\_\_\_\_

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

Other : \_\_\_\_\_

Previous Years attending Campaenoe \_\_\_\_\_

**MEMBER INFORMATION:**

First Name\*: \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth (mm/dd/yyyy)\*: \_\_\_\_\_

Gender\*:  Male  Female

Evening Phone\*: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Email\*: \_\_\_\_\_

Street Address\*: \_\_\_\_\_ City\*: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code\*: \_\_\_\_\_

Are you registered with Scouts Canada  Yes  No Membership Number \_\_\_\_\_

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\*: \_\_\_\_\_ Last Name\*: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Email\*: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code: \_\_\_\_\_

**ALTERNATE EMERGENCY CONTACT**

Provide at least one

Emergency Contact 1:

Last Name\*:

First Name\*:

Daytime Phone\*:

Evening Phone\*:

Relationship to member:

Emergency Contact 2:

Last Name:

First Name:

Daytime Phone:

Evening Phone:

Relationship to member:

Emergency Contact 3:

Last Name:

First Name:

Daytime Phone:

Evening Phone:

Relationship to member:

Member Last Name: \_\_\_\_\_

Member First Name: \_\_\_\_\_

**INFORMATION FOR MEDICAL EMERGENCIES:**

Provincial/Territorial Health Care Number: \_\_\_\_\_

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

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Does the participant have any allergies?* <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details below indicating severity (mild, severe, life threatening, etc)
---

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

Please include any dietary restrictions or beliefs (vegan, allergies, etc.)

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.\*

Parent Name: \_\_\_\_\_

*(please print)*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

RESET

# 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: \_\_\_\_\_

