



Camp Tamaracouta



RESIDENTIAL OVERNIGHT CAMP REGISTRATION FORM

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1. GENERAL INFORMATION:

Youth Participant:

Participant Last Name:		Gender:	<input type="checkbox"/> Female
			<input type="checkbox"/> Male
			<input type="checkbox"/> _____
Participant First name:		Age while at camp:	
Participant Address:		Date of birth:	
		Weight:	
Participant Postal code:		Height:	
Participant Telephone:		Level of schooling completed:	
Participant Email:			

Parent Or Guardian(S)

Father's name:		Mother's name:	
Occupation:		Occupation:	
Address:		Address:	
<input type="checkbox"/> Same as participant		<input type="checkbox"/> Same as participant	
Telephone:	(Home)	Telephone:	(Home)
	(Work)		(Work)
	(Cell)		(Cell)
Email:		Email:	





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Child tax credit to be sent to:	<input type="checkbox"/>	Child tax credit to be sent to:	<input type="checkbox"/>
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2. REGISTRATION FEES:

Registration Type	Registration Number	Fee (incl. tax)
Scouts Canada Member		\$0.00
WOSAM Member		\$0.00
New Registration	_____	\$215.00

Member information:

Scouts Canada	Council:	Group:	
WOSAM	Country:	Council:	Group:





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3. SESSION DATES AND CAMP FEES

Individual Overnight Resident Camping (Ages 8-14)

Youth can choose from several options they want to experience:

OAS

1. Aquatics & Paddling,
2. Aquatics & Sailing,
3. Trails & Vertical,
4. Emergency & Scoutcraft

STEM

5. Mad Scientist
6. The Natural World STEM
7. Engineering the Future

OAS and stem programs are limited to minimum and maximum participants; please put the OAS of Stem number in your 1st and 2nd choice box. We make every effort to give you your first choice.

Week 1

- Wilderness Standard First Aid (16 h) (SOLE)
- Orienteering and Scout Craft
- Mad Scientist STEM

Week 2

- Standard First Aid/CPR (16h) (SOLE)
- Canoe and Kayak
- Natural World STEM

Week 3

- Bronze Medallion (20h) (SOLE)
- Sailing and Paddling
- Engineering the Future STEM

Week 4

- Bronze Cross (20h) (SOLE)

-Vertical and Trail

-Mad Scientist STEM

Week 5

- Advanced Canoeing and Kayak (8-16h) (SOLE)
- Canoe and Kayak
- Natural World STEM

Week 6

- Wild Education/Climbing Wall & Activities (6h) (SOLE)
- Sailing and Paddling
- Engineering the Future STEM

Week 7

- 5 Day Canoe Trip (SOLE)
- Orienteering and Scout Craft
- Mad Scientist STEM

Date of session	Check 1	1 st choice	2 nd choice	Camp fees (+Tax)	Amount
1) July 1 - 7	<input type="checkbox"/>			\$695	
2) July 8 - 14	<input type="checkbox"/>			\$695	





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3) July 15 - 21	<input type="checkbox"/>			\$695	
4) July 22 - 28	<input type="checkbox"/>			\$695	
5) July 29 - Aug 4	<input type="checkbox"/>			\$695	
6) Aug 5 - Aug 12	<input type="checkbox"/>			\$695	
7) Aug 12 - Aug 18	<input type="checkbox"/>			\$695	

Beaver/Cub Introduction - Individual Youth (Ages 5-7)

3 nights (Sun-Wed or Wed to Sat)

Date of session	Check 1	1 st Choice	2 nd Choice	Camp fees (+Tax)	Amount
1) July 1 - 7 - Sun-Wed	<input type="checkbox"/>			\$360	
Wed to Sat	<input type="checkbox"/>			\$360	
2) July 8 - 14 - Sun-Wed	<input type="checkbox"/>			\$360	
Wed to Sat	<input type="checkbox"/>			\$360	
3) July 15 - 21 - Sun-Wed	<input type="checkbox"/>			\$360	
Wed to Sat	<input type="checkbox"/>			\$360	
4) July 22 - 28 Sun-Wed	<input type="checkbox"/>			\$360	
Wed to Sat	<input type="checkbox"/>			\$360	
5) July 29 - Aug 4 Sun-Wed	<input type="checkbox"/>			\$360	
Wed to Sat	<input type="checkbox"/>			\$360	
6) Aug 5 - Aug 12 Sun-Wed	<input type="checkbox"/>			\$360	
Wed to Sat	<input type="checkbox"/>			\$360	





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7) Aug 13 – Aug 18 Sun-Wed	<input type="checkbox"/>			\$360	
Wed to Sat	<input type="checkbox"/>			\$360	

Summer Outdoor Leadership Experience (SOLE)

1-, 2- and a 6-week program for youth between 14-17 years of age

Weekly Sessions see CIT & LIT page for more information

Date of session	Check 1	Camp fees (+Tax)	Amount
1) July 1 - 7	<input type="checkbox"/>	\$770	
2) July 8 -14	<input type="checkbox"/>	\$770	
3) July 15 - 21	<input type="checkbox"/>	\$770	
4) July 22 - 28	<input type="checkbox"/>	\$770	
5) July 29 – Aug 4	<input type="checkbox"/>	\$770	
6) Aug 5 – Aug 12	<input type="checkbox"/>	\$770	
7) Aug 13 – Aug 18	<input type="checkbox"/>	\$770	

2 Week Session

Date of session	Check 1	Camp fees (+Tax)	Amount
1) July 1 - 14	<input type="checkbox"/>	\$1540	
3) July 15 - 28	<input type="checkbox"/>	\$1540	
4) July 29 – Aug 12	<input type="checkbox"/>	\$1540	





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7 Week session

Date of session	Check 1	Camp fees (+Tax)	Amount
1) July 1 - Aug 12	<input type="checkbox"/>	\$4920	





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Day Camp

Date of session	Day camp (No Tax)	Before & After Care* (No Tax)	Thursday Night - Movie Night (+Tax)	Thursday Night Sleepover night (+Tax)	Amount
1) July 1 - 7	<input type="checkbox"/> \$155.00	<input type="checkbox"/> + \$40.00	_____	_____	
2) July 8 -14	<input type="checkbox"/> \$155.00	<input type="checkbox"/> + \$40.00	<input type="checkbox"/> + \$20.00	_____	
3) July 15 - 21	<input type="checkbox"/> \$155.00	<input type="checkbox"/> + \$40.00	_____	<input type="checkbox"/> + \$35.00	
4) July 22 - 28	<input type="checkbox"/> \$155.00	<input type="checkbox"/> + \$40.00	<input type="checkbox"/> + \$20.00	_____	
5) July 29 – Aug 4	<input type="checkbox"/> \$155.00	<input type="checkbox"/> + \$40.00	_____	<input type="checkbox"/> + \$35.00	
6) Aug 5 – Aug 12	<input type="checkbox"/> \$155.00	<input type="checkbox"/> + \$40.00	<input type="checkbox"/> + \$20.00	_____	
7) Aug 12 – Aug 18	<input type="checkbox"/> \$155.00	<input type="checkbox"/> + \$40.00	_____	<input type="checkbox"/> + \$35.00	

* Before & After Care 7 am – 8:30 am & 4:30 – 6:00 pm

Before & After Care (à la carte) \$10.00 per day (No Tax)

Date of session	Monday	Tuesday	Wednesday	Thursday	Friday	Amount
1) July 1 - 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2) July 8 -14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3) July 15 - 21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4) July 22 - 28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5) July 29 – Aug 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6) Aug 5 – Aug 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	





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7) Aug 12 – Aug 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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4. SUMMARY OF FEES

Registration fee amount:		
Camp fee Amount for all sessions chosen:		
Deduct 10% if registration and deposit received before May 1 st , 2018		
Deduct 10% for 2 nd and additional children in the same family.		
Tax Note: Registration fee includes tax. Day Camp and Day Care fees are tax exempt.	GST:	
	PST:	
Total Due less Deduction		
Deposit 25% of total due		
Balance due: Total due less deposit		

REGISTRATION FEES AND GENERAL CONDITIONS

Fees (including taxes) must be paid with each new registration.

Your child will be registered officially on receipt of this completed form, accompanied by the appropriate payment. We will send you a detailed statement as well as documents to be completed, which are to be returned with final payment 21 days before the start of the session.

Payment can be made by cheque, money order, cash or credit card (Visa, MasterCard and American Express).

GENERAL CONDITIONS

Registration fees and transportation are non-refundable if the client cancels but are refundable in the event of cancellation by the camp. Camp fees will be 100% refunded in the event of cancellation more than 61 days before the session, and 50% for cancellation between 31 and 60 days. Camp fees will not be refunded for cancellation less than 30 days before the start of the child's session. Camp fees will not be refunded if the child does not present him/herself at camp





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for the registered session or leaves the camp for reasons other than health problems. Should the child leave the camp for health reasons, the camp will reimburse 50% of the fees for each day of absence.





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5. PAYMENT AUTHORIZATION

Name as appears on credit card (print): _____

Visa MasterCard Other: _____

Expiration date (month / year): _____

One payment - I authorize Camp _____ to charge the full amount upon receipt of my registration.

Two payments - I authorize Camp _____ to take the first payment (25%) upon receipt of registration and the second payment (final balance) on May 31, 2018

Signature of cardholder (**required**): _____

I confirm that I am aware of arrangements for payment, reimbursement and information provided in this document.

Signature of parent or guardian: _____ Date: _____





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6. ADDITIONAL INFORMATION AND AUTHORIZATIONS

PERMISSION TO PARTICIPATE:

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 that the safety and wellbeing 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.

I, the undersigned, after having read, understood and completed the above, hereby give my permission for my child/ward to attend and participate in:

- Summer Camp Program
- Canoe trip

Camp Tamaracouta operates an archery and rifle range (.177 calibre air rifle). Both ranges are supervised by qualified staff and conform to safety standards. In accordance with the policy of Scouts Canada, it is necessary to obtain parent/guardian permission in order for the youth to participate in these activities:

- Rifle Range
- Archery Range

Signature of parent or guardian: _____ Date: _____





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Quality Care

The information contained in this section will serve to improve the quality of your child's stay.

- Is this the first time your child is attending camp? YES NO If not, specify
 Dates/years: _____ Camp name: _____

- Religion: _____
 Are there special considerations with respect to the child's religion?

Number of sisters: _____ Number of brothers: _____

Child's rank in family: _____

- Will the child have a friend or friends, or a parent on camp premises during the child's stay at camp? YES NO Name: _____ Age: _____
- Is the child self-reliant in water? YES NO

Specify swimming ability: _____

Child's habits in terms of:

Food: _____

Sleep: _____

Group life: _____

Other particularities: _____





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AUTHORIZATION TO PICK-UP CHILD

Persons authorized to pick up the child (mother, father, other if applicable).

1) _____ 3) _____

2) _____ 4) _____

For Day Camp only: Is your child allowed to leave the premises alone? Yes No

Name of parent or guardian

Signature of parent or guardian

Date of signature





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SPECIAL RECOMMENDATIONS AND OTHER IMPORTANT ELEMENTS OF A MEDICAL NATURE:

ALLERGIES Please fill in allergies form.

Allergies, specify: _____

Treatment:

Does your child require an injection of adrenaline in an emergency (EpiPen, Twinjet or other)?

Yes No

ASTHMA

Does your child have asthma? Yes No

Does your child require medication (e.g. inhaler or tablets)? Yes No

Specify:

Asthma: Please send puffers/inhalers even if they are rarely used. Heat and physical activity can cause asthma to increase. We are 30 min from a hospital. We have had several people who don't generally use them need them at camp.

USE OF PULL UPS AT NIGHT:

Did they bring their own supply? Yes No

FEMALE YOUTH:

Have they started menstruating: Yes No Did they bring supplies? Yes No

TETANUS

VACCINE

Has your child received the tetanus vaccine? Yes No

If yes, indicate year: _____

Authorization for administration of medications (children enrolled at Resident Camp only)
I authorize the staff of Camp Tamaracouta to administer, if necessary, one or more OTC medications to my child.





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Signature of parent or guardian: _____

Date: _____

MEDICAL CONDITIONS:

Check if the camper has:

- | | |
|---|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hyperactivity |
| <input type="checkbox"/> Epilepsy (seizures) | <input type="checkbox"/> Heart disease |
| <input type="checkbox"/> Hepatitis B carrier | <input type="checkbox"/> Bleeding disorders |
| <input type="checkbox"/> HIV /AIDS | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Attention deficit disorder | <input type="checkbox"/> Other(s) list: |

Additional information related to the above conditions:

Are there any restrictions to limiting participation in any camp activities: YES NO

If Yes Details:

Operations, recent illnesses or admissions to hospital in the past year: YES NO

If Yes Details

Is the youth/adult taking a "summer break" from any medications YES NO





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If Yes Details:

Signature of parent or guardian: _____ Date: _____





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MEDICAL INSURANCE INFORMATION:

Provincial medical plan:

Quebec (RAMQ).

Ontario.

Other province (Specify): _____

None: _____

Medical card number: _____ Expiry date: _____.

Additional health insurance (through employer or private [eg: Blue Cross]): No Yes

Plan #: _____ Company name: _____

Group #: _____ Phone # (of company): _____

International youth or adults: **You MUST have travel health insurance.**

Travel health insurance company name: _____.

Group # _____ Plan #: _____ Other info: _____

Phone number (for contact while in Canada): _____

Who can pick up youth/adult if they need to return home or go to a medical clinic?

Name: _____ Phone number _____

N.B. If medical condition warrants us calling an ambulance: the ambulance cost is billed to the person (family). Extra health insurance usually covers the cost (verify with your policy). Provincial health plans do not cover the cost. Your initial here verifies that you are aware you will be billed _____





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MEDICAL AUTHORIZATION

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: _____

Signature of parent or guardian: _____ Date: _____

PHOTO RELEASE CONSENT AND COMMUNICATION CONSENTS

Scouters, parents and Scouts Canada employees take photos and video of members participating in Scouting activities. These photos are typically kept in Group or Camp photo albums and displayed on Group or Camp 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.

Do you consent to the use of images of yourself and/or your son, daughter, or ward, as indicated in Photo Release Consent: Yes No

Do you wish to be informed about fundraising and other member benefits not specifically related to your scouting: Yes No

Do you wish to receive relevant and timely information about your scouting program from Scouts Canada via email or mail: Yes No





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Signature of parent or guardian: _____ Date: _____

