



Camp in Algonquin Park this Summer!

If you are 13 to 17 years old then this is your opportunity to experience the fun, awe, and adventure of the wilderness. Camp Outlook specializes in 9- and 15-day canoe trips in Algonquin Park. In a group of six or nine people (two staff and four campers or three staff and six campers) you will *paddle* through lakes and rivers, *portage* through forests, and *mingle* with wildlife (beavers, moose, birds, and many more). It will be a challenging experience, but it is also an incredibly rewarding one.

Picture a typical day on trip with Camp Outlook: Watch the sun go up in the morning and go down at night. In between you'll be singing songs to the strokes of your paddles going down beautiful rivers with incredible geography on both sides and awesome skies above. You will face nature and learn how to work with it while getting to know fellow campers and laughing around the campfire. Tell and hear campfire stories and songs before setting off to bed for another challenging day ahead of you. Experience sleeping in a tent in the middle of Algonquin Park under a spectacular night sky full of bright stars while listening to the never-ending orchestra of bull frogs and crickets. Who knows, you might even have a curious deer or two walk through your campsite!

If YOU would like to go on a canoe trip with Camp Outlook, please fill in the attached application, medical, and liability forms and send them to us as soon as possible.

**~The earlier we receive your application,
the sooner we will assign you a trip date.~**

More information about Camp Outlook is available at <http://www.campoutlook.ca>. If you have any questions or concerns about the summer or these forms, please give us a call at the Camp Outlook office at (613)-544-6444 or email us at scd.outlook@gmail.com.

We can't wait to see you this summer!

Sincerely,

John Hissink and Dave Rakowski
Summer Outlook Directors 2010



Please send your forms to us by: Mail: P.O. Box 811, Kingston, ON, K7L 4X6
Fax: (613)-544-3186
Email: scd.outlook@gmail.com



To the Guardian:

We realize that right now you may be a little unsure of what Camp Outlook is. Hopefully this page and the rest of the package will further introduce you to our camp and what we do!

Please note when you are filling out these forms that you take your time to read every page that is included. There is valuable information in all of them, and the more you understand Camp Outlook, the more fun your camper will have!

Thank you kindly,

John Hissink and Dave Rakowski
Summer Outlook Directors 2010

What is Camp Outlook?

Created in 1970 by a Queen's University medical student, Camp Outlook is a non-profit, charitable organization that believes in the benefits of wilderness adventures for youth. Volunteer staff devote their time to youth between 13 and 17 years of age by providing fall and winter trips in the Kingston area, and leading 9- and 15-day canoe trips in Algonquin Park during July and August. These summer trips consist of paddling, portaging, hiking, and swimming. Teamwork and cooperation are what allows the trips to run smoothly.

What is a summer trip like?

The average trip consists of nine days of paddling, portaging, swimming, hiking, cooking, and setting up and taking down camp. Canoe trips are extremely physically challenging but they are also a lot of fun and can be very rewarding. Campers do not need to be in top physical fitness to participate. However, **please read the camper eligibility letter** to ensure their ability to participate. Canoe trips maintain a 2:1 camper-to-staff ratio either with four or six campers. We run separate trips for both boys and girls with co-ed staff.

Who are out staff?

Every year, Camp Outlook employs a dedicated group of enthusiastic volunteers eager and ready to contribute their diverse leadership styles to a successful summer. Camp Outlook staff go through a 4-week training program during which first aid, swimming qualifications, tripping skills, and crisis intervention are taught. As well, guest speakers and discussions provide a forum for skills such as: working with difficult behaviours, leadership roles, low-impact and safe camping, emergency situations, etc. Staff training includes all the skills required to safely lead a canoe trip, including Wilderness First Aid, Bronze Medallion/Cross, and ORCKA Canoe Tripping courses, and is completed with an intensive one week canoe trip in Algonquin Park.

Camp Outlook Summer 2010 - Camper Application

Name: _____ Age: _____ Gender: _____

Address: Number and Street: _____

City: _____ Postal Code: _____

Phone Number: (_____) - _____ - _____ Email (optional): _____

Trip Dates:

Please put a check beside all the dates you are available to go on trip. You should arrive at **366 Albert St.** at **6:30am** on the date listed below and will leave for the park the same day! If there is a certain date that works better please indicate as such.

Girls Trips:

_____ July 6 - 14
 _____ July 14 - 22
 _____ July 26 - August 3
 _____ August 3 - 11
 _____ August 7 - 21 (15-day)*****
 _____ August 15 - 23*****

Boys Trips:

_____ July 2 - 10
 _____ July 10 - 18
 _____ July 18 - 26
 _____ July 22 - 30
 _____ July 30 - August 7
 _____ August 7 - 21 (15-day)*****
 _____ August 11 - 19
 _____ August 15 - 23*****

*****Only campers who have previously tripped with Camp Outlook can apply for these trips. (Note that all tripping groups are single gender.)

Camp will begin at 6:30 am on the day listed above!

Emergency Contact Information:

Applicants MUST provide at least 2 separate emergency contacts.

	EMERGENCY CONTACT #1	EMERGENCY CONTACT #2
Name		
Relation		
Address		
Phone # 1		
Phone # 2		

Questions to be Filled out by the Camper:

(This will not affect eligibility in any way)

Have you attended Camp Outlook before? _____

Would you like to camp with a friend? List his/her name and we will try to put you together: _____

Why do you want to camp with us this summer? _____

What kind of activities do you like? _____

Tell us something interesting about yourself: _____

****If you signed up for one of these trips, Why do you want to go on the 15-day/returning camper trip?

Camp Outlook Summer 2010 - Swim Test and Canoe Training Days

Camperers are required to attend one of the swim test days listed below in order to be eligible for trip. Camperers can show up to any of the dates listed below **before their trip**. The swim test will include: the swim test, basic canoe orientation, basic paddling skills, canoe rescue techniques, and packing instructions. Please call us with any questions you have about the swim days at (613)-544-6444.

Swim Test Dates:

Please put a check beside all the dates you are available to go on trip. You should arrive at **366 Albert St.** at **2:00pm** on the date listed below. The test will be over by 6pm. If there is a certain date that works better please indicate as such.

- _____ Sunday, June 27
- _____ Monday, June 28
- _____ Saturday, July 3
- _____ Saturday, July 17
- _____ Saturday, July 31

Bring a bathing suit, a towel, sunscreen, and a water bottle on the day of the test.

How well does the camper swim?

Not at all _____ Inexperienced _____ Average _____ Strong _____

Camp Outlook Summer 2010 - Camper Medical History

Camp Outlook involves a strenuous wilderness trip, sometimes a day or more from help. Even though all our staff are well trained in first aid procedures, a full and complete medical history is necessary to plan a safe and enjoyable trip. **This form is not designed to exclude campers**, but it is simply to ensure that we are prepared to meet their specific needs. **All information in this form is kept confidential within the administrative and tripping staff.** Please ask us if you have any questions about this form. If possible, please have the camper see their family physician for a general check-up prior to their trip. If you are unsure about any of this information please contact your doctor.

Full Name: _____
 Birth Date: (dd/mm/yyyy) _____ / _____ / _____ Height: _____ Weight: _____
 Health Card Number: _____

Is the camper taking any medication? _____

Medication	Use	Dosage/Schedule	Side Effects

Does the camper have any allergies (eg. food, bites, stings, plants, drugs, ...)? _____

Allergy	Reaction/Severity	Treatment/Medication Taken (if any)

Does the camper have special dietary needs (eg. vegetarian, ...)? _____

If yes, please describe: _____

Does the camper use any visual or auditory aids (eg. glasses, hearing aid, ...)? _____

If yes, please describe: _____

Does the camper have asthma? _____

If yes: Do they carry an inhaler? _____ Is their asthma mild or severe? _____

Does the camper smoke? _____ If yes, how much? _____

****Does the camper have your permission to smoke on trip?*** _____

Continued,

When was the camper's last tetanus shot? (dd/mm/yyyy) _____ / _____ / _____

****A camper must have had a tetanus shot administered within the last 10 years to go on trip.****

Does the camper experience motion sickness? _____

If yes, please describe and list any treatments they use: _____

Has the camper wet their bed in the last three years? _____

If yes, please describe and list any treatments they use: _____

Does the camper currently have any infections? _____

If yes, please describe and list any treatments they use: _____

Does the camper have any skin conditions? _____

If yes, please describe and list any treatments they use: _____

If the camper has any of the following please check the appropriate box:

- Diabetes
- High blood pressure and/or heart/cardiovascular problems and/or surgeries
- Ulcers and/or stomach/intestinal problems and/or surgeries
- Bladder infections and/or kidney/urinary problems and/or surgeries
- Bone, joint, and/or muscle problems and/or surgeries
- Epilepsy and/or neurological conditions
- other medical condition

If yes, please describe and list any treatments they use: _____

I hereby declare that the information provided above is complete and accurate. I hereby give permission for Camp Outlook to contact the camper's physician if needed.

Physician Name: _____ Phone Number: (_____) - _____ - _____

Signature of Participant

Date

Signature of Parent or Guardian

Phone Number

CONSENT AND LIMITATION OF LIABILITY FOR CAMP OUTLOOK

Camp Outlook offers a variety of wilderness and outdoor experiences. These activities involve vigorous exercise in wilderness areas where outside assistance is not immediately available. While our staff receive training in Wilderness First Aid and water rescue, and are obligated to follow our Safety Policy, the nature of the activities means that accidents are still possible. In order to make our program possible, Camp Outlook and its staff cannot be held responsible for accidents that happen despite our reasonable efforts to avoid them. **Further Camp Outlook is not responsible for accidents arising from failure of your child to obey the instructions of the staff.** Signing this form confirms that you are aware of the nature of the program and the risks involved, and that you agree not to hold Camp Outlook liable for the accidents described above. This form is not intended to be a complete description of the program or its risks. If you have any concerns about the nature of the program or the risks involved, call Camp Outlook at **(613)-544-6444** before signing this form.

It is your responsibility to ensure that your child is physically able to participate in Camp Outlook. While we require that your child have a medical fitness form completed before leaving on the trip, you must raise all possible problems with your doctor **and** with Camp Outlook. The most common source of problems on Outlook trips are medical problems (including allergies, bed-wetting, and behavioural problems) which the child had before going on the trip. If your child has a medical problem it does not necessarily mean that s/he will not be able to participate. If we know about a problem in advance we are usually able to accommodate it. Sometimes though, it would not be in the best interests of the child to go on the trip. In either case it is **essential** that we be told of **all** possible problems, physical or behavioural.

Please use the space below to indicate any physical or other problems, which Camp Outlook should be aware of.

I have read this form and attest that all medical information is current and accurate.

Signature of Parent or Guardian

Date

READ AND COMPLETE THE NEXT PAGE OF THIS FORM AS WELL

CONSENT AND LIMITATION OF LIABILITY FOR CAMP OUTLOOK

Consent for (Name of participant, please print): _____

PARTICIPANT CONSENT

I have read the Consent and Limitation of Liability for Camp Outlook form. I agree to obey the instructions of the Camp Outlook staff for the duration of my participation in the program.

I am fully aware of the activities and requirements of the Camp Outlook program, and in consideration for being allowed to participate in the Outlook program, I hereby waive and release any and all rights against Outlook Camping Inc., and its members and staff, for any and all causes of action which may arise, other than by the negligence of Outlook Camping Inc., its members and staff, as a result of my participation in this program.

Signature of Participant

Date

PARENT/LEGAL GUARDIAN CONSENT

I, the above named child's parent or legal guardian, am fully aware that Camp Outlook involves rigorous exercise in a wilderness setting, and that given the nature of the program, a certain amount of risk is unavoidable. I am also aware that although the staff of Camp Outlook undergo an extensive training in both first aid and water safety, and are obliged to follow a strict safety policy, accidents are still possible. I hereby give my consent for this child to participate in the program, including the follow up and winter activities.

In consideration for allowing my child to participate in the Outlook program I hereby waive and release any and all rights against Outlook Camping Inc., and its members and staff, for any and all causes of action which may arise, other than by negligence of Outlook Camping Inc., its members and staff, as a result of my child's participation in this program. **Furthermore, Camp Outlook is not responsible for accidents arising from the failure of my child to obey the instructions of the staff.**

I give permission for the participant to be a passenger in a privately owned or rental car, driven by a staff member, should the need arise.

I am aware of no physical or other concerns, which I have not disclosed to the child's doctor and to Camp Outlook, which may, in any way, affect the participation of this child in the Camp Outlook program. **I have read the document entitled "Letter of Eligibility"**. I give consent to the staff of Camp Outlook to do what is necessary to care, provide for, protect, and supervise my child, which includes giving consent for emergency medical attention.

Signature of Parent or Guardian

Date

Relation to Participant

Camp Outlook - Photo Release Form (Optional)

I give permission for images of _____, captured during Camp Outlook activities through video, photo, and digital camera to be used solely for the purposes of Camp Outlook promotional materials and publications, and waive any rights of compensation or ownership thereto.

Name of Parent or Guardian (please print): _____

Signature of Parent or Guardian: _____

Signature of Participant: _____

Date: _____

Cost of Camp Outlook?

There is **no mandatory fee**; however due to our limited budget, we ask that parents/guardians/social agencies contribute to Camp Outlook if possible. It costs Camp Outlook over \$450 to send a camper on a 9-day canoe trip. While we work hard in the community fundraising and receive many donations from the community, any amount would be greatly appreciated.

Donation information is confidential within the administrative staff and **will not affect the camper's registration or tripping experience**. Charitable tax receipts are issued upon request.

Please find enclosed a donation to Camp Outlook for \$ _____.

Please send me a charitable tax donation receipt: _____.

Camp Outlook - Letter of Eligibility

****VERY IMPORTANT**PLEASE READ CAREFULLY****

~A Letter to Parents, Guardians, and Others Referring Adolescents~

The following restrictions are for safety reasons.

Camp Outlook reserves the right to evacuate or deny further trips to any camper judged by the Camp Outlook staff to be ill or in poor health, or presenting unacceptable (threatening, negligent, or dangerous) behaviour upon arrival at Camp Outlook, on the way to the park, or while in the park. In such a case, the camper will be returned home and their parent/guardian will be notified.

WE WILL NOT TAKE ANY YOUTH ON A CAMP OUTLOOK TRIP WHO (without exception):

1. Is not between the ages of 13 and 17 before their trip. No exceptions will be made to this rule, and no offers to meet children twelve and under for consideration will be accepted.
2. Weighs less than 90lbs (41kg), or if under 5'10" (176cm), weighs more than 200lbs (96 kg), or any youth weighing more than 240lbs (109kg).
3. Has a history of sexually abusive or molesting behaviour towards any other persons, or acting in a sexually aggressive, sexually inappropriate, and/or sexually harassing manner toward other persons, female or male, of any age.
4. Has an explosively violent temper, or a history of violent behaviour involving weapons, or has a history of aggressive behaviour towards those in authority.
5. Is a habitual bed-wetter. Any child who, in the past year, has wet his or her bed more than once a month, or on consecutive nights, is a habitual bed-wetter.
6. Has been hospitalized for asthma in the previous year.
7. Has a severe allergy to nuts or insect stings, such as bee, wasp, or hornet, to the extent that a doctor has prescribed a needle kit to treat for shock if the child is exposed.
8. Is an epileptic who has suffered a seizure at any time in the last year, or has changed medications within three months of a scheduled tripping date.
9. Has a history of serious mental health problems and/or psychiatric illness.