



If you are **13-17** years old then this is your unique opportunity to experience the fun, awe and adventure of the **wilderness**. Throughout the fall and winter you will have the opportunity to go on weekend overnight **camping** trips to Frontenac Park or the Queen's Biology Station. You will **hike, explore, play games**, practice your fire-building skills and sleep in our own tarp-shelters! During the summer, we specialize in 8, 10 and 15 day canoe trips to Algonquin Park, involving paddling through lakes and rivers, and portaging through forests. It can be a challenging experience, but it is also a remarkably rewarding one.

If **YOU** would like to go on a camping trip with Camp Outlook this fall or winter, 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 more likely you are to get your first choice ~**

If you have any questions, please give us a call at the Camp Outlook office: (613) 544-6444, or email [outlook@queensu.ca](mailto:outlook@queensu.ca)

We can't wait to see you this fall and winter!

Sincerely,

Kate Gapp and Natasha Koomen  
Camper Recruitment Co-Directors 09/10

Please send your forms to:

**Box 811 Kingston ON K7L 4X6  
(613) 544-6444  
outlook@queensu.ca  
www.campoutlook.ca**

# CAMP OUTLOOK

## To the Guardian:

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

Please also, when you are filling out these forms, 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!

Thanks so much,

Kate Gapp and Natasha Koomen  
Camper Recruitment Directors 09/10

## What is Camp Outlook?

Created in 1970 by a Queen's University Medical student, Camp Outlook is a charitable organization that believes in the benefits of wilderness adventures for youth. Volunteer staff devote their time to youth between the ages of 13 and 17 by leading weekend camping trips in the Kingston area throughout the fall and winter. During the summer we run 8, 10, and 15 day canoe trips in Algonquin Park.

## What is a fall/winter trip like?

After arriving at either Frontenac Provincial Park or the Queen's Biology Station, we will hike through the forest to reach our camping spot. We will set up camp and then begin our day of exploration in the woods, hiking and fun games. Campers will also have the chance to learn important camping and wilderness survival skills. At the end of the day we will cook a tasty meal over camp stove and roast marshmallows around a warm campfire. On fall and winter trips we will sleep either in a tent or under a tarp-shelter that you will construct. Wilderness camping can be 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. Camping trips routinely consist of three or four staff and a maximum of six campers – at least a 2:1 camper-to-staff ratio is always maintained. We run separate trips for both boys and girls, with co-ed staff. All staff are trained in first aid, CPR and wilderness skills.

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## Cost of Camp Outlook?

There is no mandatory fee; however, due to our limited budget, we are requesting that parents/guardians/social agencies contribute financially to Camp Outlook, if possible. While we work hard to raise funds through community fundraising, 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 can be issued upon request.

If you have any questions regarding at all about Camp Outlook, please do not hesitate to call the office at (613) 544-6444 or email at outlook\_scd@hotmail.com.

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## *Camper Application - Camp Outlook Fall/Winter 09/10*

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<b>NAME:</b>	<b>Sex:</b>
<b>Address:</b> Street _____ City _____ Postal Code _____ Phone Number(____) _____	Date of Birth (d/m/y) ____ / ____ / ____ Health Card Number _____

***Trip Dates:***

Put a check mark next to the ones you are available for and want to go on. The trip will begin on Saturday at 9am, and we will travel to the park that day. Saturday night is spent camping out and we will return to Kingston for 12am on Sunday.

***Girls' Trips***

October 17/18<sup>th</sup> \_\_\_\_\_  
 October 31/1<sup>st</sup> \_\_\_\_\_  
 November 14/15<sup>th</sup> \_\_\_\_\_

***Boys' Trips***

October 24/25<sup>th</sup> \_\_\_\_\_  
 November 7/8<sup>th</sup> \_\_\_\_\_  
 November 21/22<sup>nd</sup> \_\_\_\_\_

**Camp will begin at 9am on the Saturday! Pick-up is at 12am on the next day.**

Have you attended Camp Outlook before? \_\_\_\_\_

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**EMERGENCY CONTACT INFORMATION:**

*Applicants MUST provide at least 2 separate emergency contacts.*

	EMERGENCY CONTACT #1	EMERGENCY CONTACT #2
<b>NAME</b>		
Relation		
Address		
Phone # HOME	(     )	(     )
Phone # WORK	(     )	(     )

***Camper Medical History***

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While camping in the wilderness, it may take longer to reach medical assistance. Even though **all of 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 is simply to ensure that we are prepared to meet their special needs. If you are unsure about any of this information please contact your doctor

Name: _____
Age _____ Height _____ Weight _____
Health Card Number _____

PHYSICIAN NAME: _____
Phone Number: _____
* By signing the Medical History form on page 2, you grant Camp Outlook permission to contact the physician in case of need.*

**Is the camper taking any medications? \_\_\_\_\_**

Medication	Use	Dosage	Side Effects

**Does the camper have any allergies (food, insects, drugs, hay fever, or other) ? \_\_\_\_\_**

Allergy	Reaction (severe/mild)	Medication taken (if any)

**Does the camper have special dietary needs? \_\_\_\_\_**

If 'yes', please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Does the camper have asthma? \_\_\_\_\_** If 'yes': Does s/he carry an inhaler? \_\_\_\_\_  
 Is their asthma mild or severe? \_\_\_\_\_

**Has the camper wet his/her bed in the last three years? \_\_\_\_\_**

If 'yes' please describe: \_\_\_\_\_  
 \_\_\_\_\_

**con't**

**Does the camper smoke?** \_\_\_\_\_ **How much?** \_\_\_\_\_

**\*\*Does they have your permission to smoke on the trip?\*** \_\_\_\_\_

**Does the camper currently have any infections?** \_\_\_\_\_

If 'yes' please elaborate: \_\_\_\_\_

\_\_\_\_\_

**Does the camper have a valid tetanus shot (i.e. in the last 10 years)?** \_\_\_\_\_

**Does the camper have any skin conditions?** \_\_\_\_\_

If 'yes' please explain and list any treatments s/he uses: \_\_\_\_\_

\_\_\_\_\_

**Does the camper experience motion sickness?** \_\_\_\_\_

**Does the camper have difficulties with his/her sight or hearing?** \_\_\_\_\_

If 'yes' please explain: \_\_\_\_\_

\_\_\_\_\_

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

**Diabetes**

**High blood pressure or heart problems**

**Ulcers or intestinal problems**

**Bladder infections or kidney problems**

**Epilepsy**

If s/he has any of the above please elaborate:

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Camper Signature

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

## Consent and Limitation of Liability for Camp Outlook

**Consent for:** \_\_\_\_\_ (please print name of participant)

### 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

### PARENTAL / 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 obligated 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 the 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 the child to obey the instructions of the staff.**

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

I am aware of no physical or other concerns which may in any way affect the participation of this child in the Camp Outlook program which I have not disclosed to the child's doctor and to Camp Outlook. 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.

**I have read the document entitled "Letter of Eligibility."**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Relationship to Participant

- Please find enclosed a donation to Camp Outlook for \$\_\_\_\_\_.
- Yes, at this time please send me a charitable tax donation receipt

# **Letter of Eligibility**

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

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

The following restrictions are for safety reasons as well as to maximize the benefit and enjoyment of the trip for all participants.

**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, and will be returned home after notification of the parent/guardian as soon as possible.**

## **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 90 lbs (41 kg), or, if under 5'10" (176 cm), weighs more than 200 lbs (96kg), or any child weighing more than 240 lbs.
3. Has a history of sexually abusive or molesting behaviour toward 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 in 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 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 stung.
8. Is an epileptic who has suffered a seizure any time in the last year, or has changed medications within three months of a selected tripping date.
9. Has a history of serious mental health problems and/or psychiatric illness.