CAMP OUTLOOK

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 Provincial Park or the Queen's Biology Station. You will hike, explore, play games, practice your fire and shelter building skills and sleep in tarp shelters, quinzees or tents! During the summer, we specialize in 7, 9 and 14 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, be sure to fill out:

☐ Camper Application Form (2 pages)

☐ Camper Tripping Agreement (1 page)

☐ Camper Information Form (4 pages)

☐ Camper Waiver (2 pages)

Forms can be emailed to winter@campoutlook.ca, faxed to 1-613-706-2172, or mailed to P.O. Box 811, Kingston ON, K7L 4X6.

Applications are always accepted and trips are scheduled on a first-come, first-serve basis. If you have any questions or concerns, please call us at **613-544-6444** or email winter@campoutlook.ca.

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

ACCREDITED MEMBER

OCA Ontario Camps Association

Marc Ondercin & Mariana Borsuk-Gudz

Camp Outlook Winter Directors 2015/2016

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!

What is Camp Outlook?

Created in 1970 by a Queen's University Medical student, Camp Outlook is a nonprofit 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 7, 9, and 14 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 we will construct! Wilderness camping trips 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,** we do ask that you please read the Camper Letter of Eligibility to ensure their ability to participate. Camping trips routinely consist of three or four staff and a maximum of eight 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.

What is the 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.

Fall/Winter Camp Outlook Camper Application Form

Name: _____ Birth Year: _____

Gender:_____

Primary Contact for Camper: _____

Contact Phone: _____ - _____ - _____ Email: _____

Mailing Address (number and street): _____

City: _____ Postal Code: _____

Would you like to camp with a friend? List their name and we will try to put you together if possible:

Have you attended Camp Outlook before? When?

Trip Dates: please mark the dates you would like to go on trip!

Boys Trips:	Girls Trips:
_____ Sept. 12-13	_____ Sept. 19-20
_____ Oct. 3-4	_____ Oct. 10-11
_____ Oct. 17-18	_____ Oct. 24-25
_____ Nov. 7-8	_____ Nov. 14-15
_____ Nov. 21-22	_____ Nov. 28-29
_____ Jan. 9-10	_____ Jan. 23-24
_____ Jan. 30-31	_____ Feb. 6-7
_____ Feb. 13-14	_____ Feb. 20-21
_____ Feb. 27-28	_____ March 5-6
_____ March 12-13	_____ March 19-20

Drop-off is at 9am on Saturday. Pick-up is at 1pm on Sunday. Drop-off and pick-up location is at the parking lot at the corner of Barrie St. and Earl St.

Questions to be filled out by the camper:

(This will not affect eligibility in any way)

Why do you want to camp with us this fall/winter?

What kind of activities do you like?

Tell us something interesting about yourself!

Do you have any experience camping and hiking? If so, please describe.

How do you feel about going on a Camp Outlook trip?

Camper Name:

If filling out by hand, please print clearly

Camp Outlook Camper Tripping Agreement

To be read and signed by the camper

In recognition of the realities of canoe camping, Camp Outlook's staff and campers will follow the below principles while participating in Camp Outlook programs. By reading and signing, campers commit to following these rules:

1. To behave respectfully towards fellow campers, the staff, and yourself, and be aware that other campers and staff on the trip may have differing views and opinions than your own.

2. To take part in an equal sharing of responsibilities and duties.

3. To be aware of and work towards creating a "safe place" on trip, free from negativity.

4. To be supportive and to ask for support from other campers and the staff in recognition that canoe tripping can be physically, emotionally, and mentally challenging.

5. To communicate issues or problems with other campers and the staff before they become a more serious issue.

6. To understand that there are rules that everyone on the trip must follow at all times to keep yourself and everyone else on the trip safe, to follow these rules, and to respect the staff when they enforce these rules.

I understand that the following things are prohibited at all times at Camp Outlook:

- Any form of violence or harm against others or yourself.
- Any form of sexual contact
- Any form of harassment, discrimination, abuse, or threats
- Any form of reckless behaviour that puts others or yourself in danger
- Weapons of any kind, or using any item as a weapon
- Alcohol, drugs, and any other controlled or illegal substance
- Intentionally damaging the camping gear, the natural environment, or wasting food

I have read, understand, and agree to all of the above form.

Camper Signature:	Date:

You may type to sign.

Camp Outlook Camper Information Form

Camp Outlook involves a strenuous wilderness trip, sometimes several days away from help. While all of our staff are trained in first aid procedures, a full and complete medical history is necessary to plan a safe and enjoyable trip. If possible, have the camper see a doctor for a general check-up before their trip. If you are unsure about any of this information please contact a doctor. **We require ALL information on this form to be completed** before the camper goes on trip. **This form is not designed to exclude campers**, it is to ensure that we are prepared to meet their unique needs. All information in this form is kept confidential within the Camp Outlook staff. **Please ask us if you have any questions about this form.**

Full Legal Name: _____

Birth Date: (YYYY-MM-DD) _____ - ____ - ____ Height: _____ Weight: _____

Health Card Number: _____ Sex: _____

Does the camper smoke? **YES / NO** If yes, how much? _____
*If yes, does the camper have guardian permission to smoke on trip? **YES / NO Initial: _____**

Has the camper wet their bed in the last three years? **YES / NO**
**Depending on the time of year and other factors this may present a safety concern*

Does the camper have a current tetanus shot? **YES / NO**
**The camper must have a valid tetanus shot (within the last 10 years) to go on trip.*

Is the camper taking any medication, prescription or over-the-counter? **YES / NO**

Medication	Purpose/Use	Schedule and Dose	Possible Side Effects

**Please note that all medications are stored by staff members in the first aid kit. If the camper carries any rescue medications (eg. Ventolin) it may be more appropriate for the camper to carry the medication with them, however we must be informed beforehand. Please call us at 613-544-6444 if any of the medications listed are for rescue/emergency use.*

Please attach additional information if more space is required

Camper Name:

If filling out by hand, please print clearly

We carry the following over-the-counter medications in our first aid kits. Please circle YES if the camper CAN be given the medication if necessary or NO if they CAN NOT be given:

Ibuprofen (Advil): **YES / NO**
Acetaminophen (Tylenol): **YES / NO**
Dimenhydrinate (Gravol): **YES / NO**
Diphenhydramine (Benadryl): **YES / NO**
Calamine lotion (Caladryl): **YES / NO**
Antibacterial creams (Polysporin): **YES / NO**

Does the camper have any allergies (eg. food, bites, stings, plants, drugs)? **YES / NO**

Allergy Cause	Describe Reaction and Severity	Describe Treatment

Does the camper have special dietary needs or restrictions (eg. lactose free, gluten free, vegetarian)? **YES / NO** If yes, please describe and list any treatments:

Does the camper use any sensory or mobility aids (eg. glasses, hearing aid)? **YES / NO** If yes, please describe and list any treatments:

Does the camper experience motion sickness? **YES / NO** If yes, please describe and list any treatments:

Does the camper have autism, ADHD, ODD, learning difficulties, and/or other behavioural diagnoses? **YES / NO** If yes, please describe and list any treatments:

Does the camper have any history of depression, anxiety, self harm, running away and/or other mental health diagnoses? **YES / NO** If yes, please describe and list any treatments:

Does the camper have any history of violence, aggression, and/or sexual misconduct? **YES / NO** If yes, please describe and list any treatments:

Please attach additional information if more space is required

Camper Name:

If filling out by hand, please print clearly

Does the camper have any of the following:

Any infections within the past 6 months (eg. chickenpox, meningitis). **YES / NO** If yes, please describe and list any treatments:

Any recent or recurring injuries (eg. twisted ankles, back pain, blisters, sunburns). **YES / NO** If yes, please describe and list any treatments:

Asthma and/or other lung/respiratory conditions and/or surgeries. **YES / NO** If yes, please describe and list any treatments:

High blood pressure and/or other heart/cardiovascular conditions and/or surgeries. **YES / NO** If yes, please describe and list any treatments:

Ulcers and/or other stomach/intestinal/digestive conditions and/or surgeries. **YES / NO** If yes, please describe and list any treatments:

Bladder infections and/or other kidney/bladder/urinary conditions and/or surgeries. **YES / NO** If yes, please describe and list any treatments:

Arthritis and/or other bone/joint/muscle/skin conditions and/or surgeries. **YES / NO** If yes, please describe and list any treatments:

Diabetes and/or other metabolic conditions and/or surgeries. **YES / NO** If yes, please describe and list any treatments:

Epilepsy and/or other neurological conditions and/or surgeries. **YES / NO** If yes, please describe and list any treatments:

Is potentially pregnant **YES / NO**
Has any other medical condition not listed above. **YES / NO** If yes, please describe and list any treatments:

Please attach additional information if more space is required

I give permission for Camp Outlook to contact the camper's doctor(s) if needed.

Doctor Name: _____ Phone Number: _____

We REQUIRE 2 separate emergency contacts, living at different addresses (*eg.* relative, neighbour, friend, social worker) who will be available while the camper is on trip.

	PRIMARY CONTACT	2nd EMERGENCY CONTACT
Name		
Relation to Camper		
Area of Residence		
Primary Phone Number		
Secondary Phone Number(s)		

Camp Outlook Camper Screening Process

While we require the above Information Form to be completed before going on trip, you must raise all possible issues with your doctor **and** with Camp Outlook. Very common sources of problems on Outlook trips are health and/or behavioural issues which were known to the camper, guardian, and/or referrer before the trip began. If the camper has a health or behavioural issue it does not necessarily mean that they will not be able to participate. If we know about an issue in advance we are usually able to accommodate it. In some cases however, it would not be in the best interest of the camper to go on the trip. In either case it is essential that we be aware of **ALL** possible concerns or considerations, **both medical and behavioural**. If you have any questions or concerns please call us at **613-544-6444**. Please use the space below to indicate any information, not outlined above, which Camp Outlook should be aware of:

I have read this form and confirm that all information is current, complete, and accurate. I have read and understand the document entitled "Camp Outlook Letter of Eligibility" and have raised any potential issues with the Camp Outlook Camp Directors.

Camper Signature:	Date:
Guardian Name:	Relation to Camper:
Guardian Signature:	Date:

You may type to sign.

Please attach additional information if more space is required

Camp Outlook Camper Waiver

Outlook Camping Inc. ("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 first aid and emergency procedures, and are obligated to follow our safety policy, the nature of the activities means that accidents are still possible. Camp Outlook and its staff cannot be held responsible for accidents that happen despite our reasonable efforts to avoid them. **Furthermore, Camp Outlook is not responsible for incidents arising from failure of the camper to obey the instructions of the staff.** By signing the form below you confirm that you are aware of the nature of the program and the risks involved, and that you agree to not hold Camp Outlook and its members and staff liable for injury and/or property damage.

If you have any questions or 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 the camper is physically and emotionally able to participate in Camp Outlook.

CONSENT AND LIMITATION OF LIABILITY FOR CAMP OUTLOOK

I, the undersigned Guardian of _____ ("the Camper") agree that:

1. I 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 training in first aid, water safety, and emergency procedures and are obliged to follow a strict safety policy, accidents are still possible, and in that knowledge I give my consent for the Camper to participate in the program.

2. In consideration for allowing the Camper to participate in the Camp Outlook's program I hereby waive, and release Camp Outlook and its members and staff from any and all claims against Camp Outlook, and its members and staff, in connection with any and all causes of action which may arise, other than because of the negligence of Camp Outlook, its members and staff, as a result of the Camper's participation in the program.

3. Furthermore, Camp Outlook is not responsible for and shall not be liable for incidents arising from the failure of the Camper to obey the instructions of the staff.
Please Initial: _____

4. I give permission for the Camper to be a passenger in the Camp Outlook bus, privately owned vehicles, and/or rental vehicles, driven by a Camp Outlook staff member.
Please Initial: _____

CONTINUED ON THE FOLLOWING PAGE

5. I am aware of no physical or other concerns, which I have not disclosed to the Camper's doctor **and** to Camp Outlook, which may, in any way, affect the participation of the Camper in the Camp Outlook program. I have completed and not omitted any information from the “Camp Outlook Camper Information Form”.
Please Initial: _____

6. I give consent to the staff of Camp Outlook to do what is necessary to care, provide for, protect, and supervise the Camper, which includes giving consent for emergency medical attention as necessary to ensure that the Camper is as safe as possible from further injury.

7. I have read and understand the document entitled "Camp Outlook Letter of Eligibility" and have informed Camp Outlook of all possible issues described in the Letter.
Please Initial: _____

8. I am aware that some Camp Outlook staff and campers bring cameras with them on trip for personal use. While Camp Outlook instructs its staff to not share or otherwise make available identifiable images of the Camper, I am aware that Camp Outlook cannot control and cannot be held responsible for the use of images or other recordings taken by other campers.

9. **Mark one: I DO _____ / I DO NOT _____** give permission for non-identifiable images (silhouettes, etc.) or other recordings of the Camper captured during Camp Outlook activities, through any means, to be used solely for the purposes of Camp Outlook promotional materials and publications, and waive any rights of compensation or ownership. Camp Outlook will not use identifiable images of the Camper for any purpose without first having additional explicit consent from both the Camper and their Guardian.

10. I am aware that there is no fee for the Camper to attend Camp Outlook. Any donation I make to Camp Outlook is voluntary, is not connected to the Camper going on the trip in any way, will not affect the Camper’s experience in any way, and cannot be refunded for any reason.

11. If any provision of this agreement is determined to be invalid or unenforceable in whole or in part, such invalidity or unenforceability shall attach only to such provision or part thereof and the remaining part of such provision and all other provisions thereof shall continue in full force and effect. I expressly agree that this agreement is intended to be as broad and inclusive as permitted by the laws of the province of Ontario. This agreement shall be governed by and construed in accordance with the laws of the Province of Ontario.

I have read, understand, and agree to all of the above form.

Guardian Name:	Relation to Camper:
Guardian Signature:	Date:

You may type to sign.

Camp Outlook Letter of Eligibility

VERY IMPORTANT - PLEASE READ CAREFULLY
THE FOLLOWING RESTRICTIONS ARE FOR SAFETY REASONS

Depending on the situation we may be able to accommodate a camper with any of the following but we **MUST** be well informed beforehand so we can adequately prepare and ensure the safety of all involved. **We must know if the camper:**

1. Is younger than 13 or older than 17;

2. Weighs less than 90lbs (40kg) or more than 240lbs (110kg);
   - or is shorter than 5'10" (180cm) and also weighs more than 200lbs (90kg);

3. Has, in the past year, wet their bed more than once a month and/or on consecutive nights;

4. Has been hospitalized for asthma and/or an allergic reaction in the previous year;

5. Has a severe allergy to food, insect stings (bee, wasp, hornet, ...), and/or other allergens to the extent that a doctor has prescribed a needle kit for treatment if they are exposed;

6. Is epileptic and has had a seizure at any time in the last year, and/or has changed treatment medications within three months of the scheduled tripping date;

7. Is potentially pregnant, diabetic, or has any chronic, recurring, and/or life threatening medical condition which may require hospitalization and/or may make it unsafe for them to be on the trip;

8. Has a history of running away, suicide attempts, serious mental health conditions, and/or serious psychiatric illness which may make it unsafe for them to be on the trip;

9. Has a history of sexually abusive and/or molesting behaviour towards any other persons, of any gender, of any age, including, but not limited to, acting in a sexually aggressive, sexually inappropriate, and/or sexually harassing manner;

10. Has history of violent behaviour including, but not limited to, violent behaviour involving weapons, an explosively violent temper, and/or a history of aggressive behaviour towards others including, but not limited to, those in authority.

If any of this is unclear, or if you are unsure if a potential camper is eligible, please call us at **613-544-6444**. If they are not eligible to trip with us we may be able to suggest an alternative.