Is a wilderness camp designed for Scout youth introducing backcountry camping experience.

At ScoutLook there is no plumbing or electricity, and water is transported in or filtered on site.

The camp program is designed to provide the campers with opportunities to learn and demonstrate the Outdoor Adventure Skills as described by the Canadian Path. Opportunities to learn and practice skills in the categories of Aquatic, Camping, Emergency, Paddling, Scoutcraft, and Trails skills are the focus of camp activities.

Participants will be responsible for their own transportation to camp. Car-pooling with other participants is encouraged. The planning team will be available to assist parents in connecting with each other as required.

A detailed equipment list is included in this package.

<u>Due to the physical demand that may be involved with this camp it is recommended that campers are born on or before February 11th, 2014 register for this camp.</u>

Campers and parents are encouraged to visit the Scoutlook web page at: scoutlook.scoutdooradventuresmb.ca

O

ffer of Service is required for ScoutLook to happen. This camp provides a great opportunity for <u>Venturer and Rover Scouts</u> to put in hours of service, get some fresh air and enjoy scouting to its fullest. Youth OOS participate in the capacity of Youth Counsellors, Youth Activity Leaders and operations.

ScoutLook also offers a great opportunity to <u>Scouters</u> looking to practice their outdoor skills, for a great week out in nature and those looking for a comprehensive introduction to backcountry camping.

<u> Dates For Your Calender:</u>

A <u>non-refundable</u> deposit of \$100.00 is required upon registration, and the <u>balance of registration</u> is <u>due June 30, 2024.</u>

If financial aid is required a No One Left Behind can be obtained through your Group Commissioner.

REGISTRATION

OOS(Offer Of Service)

\$125.00

Payment and registration can be made:

- Electronically by submitting <u>signed</u> registrations / EFT to scoutertrog@outlook.com
- 2. Mail printed registration & cheque payable to *Scouts Canada* to:

ScoutLook

c/o 75 Pinetree Crescent

Winnipeg, Manitoba R2V 3Z6







Scoullook

Please have your Scout participate in packing the equipment so that they know what they have and where it is.

Double check the list with them to ensure all is packed.

Clothing

- ☐ Hat (wide brim recommended)
- □ Sunglasses
- ☐ Rain jacket/waterproof jacket/windproof
- ☐ Short sleeve shirt
- ☐ Long sleeve shirt
- ☐ Short pants
- Long pants
- □ Sweater/sweatshirt
- □ Socks
- Underwear
- □ Runners
- ☐ Watersocks / footwear for the water
- Durable footwear for hiking trails
- ☐ Swim suit
- ☐ Mosquito head net / jacket (optional)

Equipment

- □ Compass
- Water bottle
- □ Daypack
- ☐ Whistle
- Flashlight (extra batteries)
- ☐ Camera*
- □ Binoculars*
- □ PFD/Life jacket (properly fitting)
- ☐ Canoe paddle (if you have, don't go out and buy it)
- Pocket knife*
- ☐ Book to read during inclement weather
- ☐ card game for evenings and inclement weather
- ☐ Stuff/dry sacks (plastic/garbage bags)
- Activity items such as snorkeling, squish balls, etc. *
- □ Journal and writing tool (pen/pencil)*
- * optional

EQUIPMENT LIST

Sleep

- ☐ Sleeping bag
- ☐ Pillow (camp pillow size, not home sized one)
- □ Sleeping mat/mattress

Food (Unbreakable or impact resistant)

- □ Bowl
- □ Plate
- ☐ Cup (mug with cap)
- Cutlery (fork, spoon, knife)

Toiletries

- ☐ Toothbrush/paste
- ☐ Soap (bio-degradable)
- ☐ Sunscreen
- ☐ Insect repellant
- □ Face/bath towel
- ☐ Face cloth
- ☐ Hair comb/brush
- ☐ Retainers/contact lens &cleaning solutions
- ☐ Prescription medication in original dispensary bottle (please give directly to a camp staff with instructions)
- ☐ Roll of toilet paper in zip loc bag
- Sanitary products

No electronics permitted at Camp! i.e. walkmans, ipods, gameboys, PSP, etc. Only exceptions are items related to camping i.e. GPS.

When packing please take into consideration how some clothing articles may meet two requirements, i.e. windproof and waterproof. You are encouraged to plan your clothing in layers i.e. wicking material for close to your body.

Keep in mind that you want to keep the packs light, do not over pack. You will want to have a small day pack to carry personal things that you will want to access during the day. If you have your own stuff bags please pack your belongings in those.









OOS YOUTH REGISTRAION

Name		Group Name	
Date of Birth (dd/mmm/yyyy)/	1	_ Gender	
Mailing address		_City/Town	
Province		_ Postal Code	
Youth's e-mail			
Parent's Names		_Parent's e-mail	
Home Phone		_ Cell	
Medical Nos. (phin 9)		(6 digit)	
Physician	ies? □ Yes □ I s □ Food □ S	No	
If Yes please list Significant Medical History: ☐ Appe ☐ Kidney disease ☐ Rheumatic Fev	endicitis 📮 Mum		
Details: Has it ever been necessary to restrict			edical reasons?
☐ HIV ☐ Ear problems ☐ Motion sickness	ollowing: ☐ Headaches	☐ fainting spells ☐ Hernia ☐ Convulsions	
Details:	e, medication or	r diet? (This includes	prescribed and over the counter)
Details:			
Date of last tetanus shot (month/year)			
Swimmer abilities: ☐ Swimmer ☐ Non-s Do you give permission to ScoutLook or on the ScoutLook website ☐ Yes Do you give permission for administr	to use photos o □ No ation of <i>over the</i>	or video of your child	
Benadryl, Gold Bond or other? Ye	:s □ No 		
Parent name printed			Parent's Signature
0			

Please identify how you are able to contribute to the ScoutLook experience. Which of the following scouting skills and activities do you have experience leading/teaching?
☐ Canoe Skills Describe your experience:
☐ Camping Equipment Describe your experience:
☐ Map & Compass Describe your experience:
□ GPS Describe your experience:
☐ Leave Not Trace (LNT) Describe your experience:
☐ Leathercraft Describe your experience:
☐ Knots & Lashing _{Describe} your experience:
☐ First Aid Describe your experience:
□ Waterfront Safety Describe your experience:
Please note the certifications you have: First Aid □ Emergency □ Standard □ Wilderness/Remote □ Pleasure Craft Operators Card Advanced Swimming Awards □ Bronze Medal □ Bronze Medallion □ Bronze Cross □ National Lifeguard

SCOUTS CANADA PARENT/GUARDIAN CONSENT FORM

Scouters: This is to be filed with the Adventure Application Form.

NOTE: IF APPLICANT IS UNDER 18, PARENT OR GUARDIAN MUST SIGN

	Phone:
Address:	City:
Province:	Postal Code:
Parent/Guardian Name:	
RESIDENTS OF ALL PROVIN	CES/TERRITORIES EXCEPT QUEBEC:
surgical or medical attention is	nnection with Scouting adventures there are times when illness or an accident may occur, and immediate necessary. This is my permission for the Scouter in Charge, or designate, to make arrangements for qualified my child/ward in the event of an emergency without my prior approval. I understand that I will be notified ity is exercised.
RESIDENTS OF QUEBEC:	
surgical or medical attention is and I cannot be reached to pro	nnection with Scouting adventures there are times when illness or an accident may occur, and immediate necessary. In the event of an emergency in which my child's life is in danger or his/her integrity is threatenide consent, I agree that care may be provided to my child without my consent, as contemplated in Civil Code of Quebec. I understand that I will be notified as soon as possible if this authority is exercised.
IF YOU WILL BE ABSENT FRO	M YOUR NORMAL PLACE OF RESIDENCE DURING THE PERIOD WHEN THE EVENT IS BEING W YOU CAN BE CONTACTED:
IF YOU WILL BE ABSENT FRO HELD, PLEASE INDICATE HO	M YOUR NORMAL PLACE OF RESIDENCE DURING THE PERIOD WHEN THE EVENT IS BEING
IF YOU WILL BE ABSENT FRO HELD, PLEASE INDICATE HO	M YOUR NORMAL PLACE OF RESIDENCE DURING THE PERIOD WHEN THE EVENT IS BEING W YOU CAN BE CONTACTED: Phone: Cell:
IF YOU WILL BE ABSENT FROM HELD, PLEASE INDICATE HO	M YOUR NORMAL PLACE OF RESIDENCE DURING THE PERIOD WHEN THE EVENT IS BEING W YOU CAN BE CONTACTED: Phone: Cell: child/ward.
IF YOU WILL BE ABSENT FROM HELD, PLEASE INDICATE HOW Name: OR I will attend the adversigned, having read, give my permission for my chil	M YOUR NORMAL PLACE OF RESIDENCE DURING THE PERIOD WHEN THE EVENT IS BEING W YOU CAN BE CONTACTED: Phone: Cell: Inture with my child/ward. E: Inderstood and completed the above, and having been briefed regarding the nature of the adventure, here //ward to attend and participate in:
IF YOU WILL BE ABSENT FROM HELD, PLEASE INDICATE HOW Name: OR I will attend the adversigned, having read, give my permission for my chill the following adventure:	M YOUR NORMAL PLACE OF RESIDENCE DURING THE PERIOD WHEN THE EVENT IS BEING W YOU CAN BE CONTACTED: Phone: Cell: nture with my child/ward. E: understood and completed the above, and having been briefed regarding the nature of the adventure, here /ward to attend and participate in: ScoutLook 24 Camp
IF YOU WILL BE ABSENT FROM HELD, PLEASE INDICATE HOW Name: OR I will attend the adversigned, having read, give my permission for my chill the following adventure: at the following location:	M YOUR NORMAL PLACE OF RESIDENCE DURING THE PERIOD WHEN THE EVENT IS BEING W YOU CAN BE CONTACTED: Phone: Cell: Inture with my child/ward. E: Inderstood and completed the above, and having been briefed regarding the nature of the adventure, here //ward to attend and participate in:

_	n medical conditions are updated and recorded in the youth's MyS	couts profile and that the Scouter
in Charge has been made aware in a	dvance of the proposed adventure.	
	e Described Program is voluntary, and involves inherent risk during	
	, or exposure to the COVID-19 virus or other infections or infectio vities. I have carefully considered the risks involved, and I have ful	
·	ken and/or implemented to ensure the safety and well-being of m	, ,
·	ssible accidents, physical injuries and disease transmission that co aughter/ward to participate. I therefore acknowledge and underst	
	e for any accident and/or physical injury arising from my son/dau	ghter/ward's participation in the
Described Activity.		
The constituted and ability of decembers	s information in M. Courts on and confirm that the information is	un to doto
Thave viewed my child s/dependent s	s information in MyScouts.ca and confirm that the information is	up to date.
Signed, Parent/Guardian:	Date:	
Signed, Parent/Guardian:	FOR OUT-OF-COUNTRY TRAVEL	
BOTH PARENT'S/G	FOR OUT-OF-COUNTRY TRAVEL	
BOTH PARENT'S/G	FOR OUT-OF-COUNTRY TRAVEL UARDIAN'S SIGNATURES REQUIRED FOR OUT-OF-COUNT Date:	FRY TRAVEL
BOTH PARENT'S/G Signed, Parent/Guardian: 1. Signed before me,	FOR OUT-OF-COUNTRY TRAVEL UARDIAN'S SIGNATURES REQUIRED FOR OUT-OF-COUNT Date:	FRY TRAVEL
BOTH PARENT'S/G Signed, Parent/Guardian: 1. Signed before me,	FOR OUT-OF-COUNTRY TRAVEL UARDIAN'S SIGNATURES REQUIRED FOR OUT-OF-COUNT Date: (name of witness), this (parent's/guardian's name) at	FRY TRAVEL
BOTH PARENT'S/G Signed, Parent/Guardian: 1. Signed before me, by,	FOR OUT-OF-COUNTRY TRAVEL UARDIAN'S SIGNATURES REQUIRED FOR OUT-OF-COUNT Date: (name of witness), this (parent's/guardian's name) at	FRY TRAVEL(date)(name of location).
BOTH PARENT'S/G Signed, Parent/Guardian: 1. Signed before me, by, Witness Signature:	FOR OUT-OF-COUNTRY TRAVEL UARDIAN'S SIGNATURES REQUIRED FOR OUT-OF-COUNT Date: (name of witness), this (parent's/guardian's name) at Date:	FRY TRAVEL(date)(name of location).
BOTH PARENT'S/G Signed, Parent/Guardian: 1. Signed before me, by, Witness Signature: Signed, Parent/Guardian:	FOR OUT-OF-COUNTRY TRAVEL UARDIAN'S SIGNATURES REQUIRED FOR OUT-OF-COUNT Date: (name of witness), this (parent's/guardian's name) at Date:	FRY TRAVEL (date)(name of location).

June 2020

