

ScoutLook²⁵ OOS Youth Registration

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

The camp program is designed to provide the campers with opportunities to learn and demonstrated 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.

Alloway Wilderness Reserve is a primitive camping site. There is no plumbing or electricity on site, water is transported in or filtered on site.

Alloway Wilderness Reserve is an unserviced camp located on Big Whiteshell Lake, Whiteshell Provincial Park. The camp is only accessible by water.

A detailed equipment list is included with the registration package.

OOS Youth and parents/guardians are encouraged to visit the ScoutLook web page at: scoutlook.scoutdooradventuresmb.ca

Offer of Service is required for ScoutLook to happen. This camp provides a great opportunity for Venturer and Rover Scouts 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 camp operations.

Dates and details for your calendar:

- Registration \$125.00
- A *non-refundable* deposit of \$100.00 is required upon registration.
- The balance of registration is due **June 30, 2025**
- If financial aid is required to attend ScoutLook, contact your Troop Scouter or Group Commissioner for details on the **No One Left Behind** financial support program through Scouts Canada.
- Registration forms are fillable .pdf files and can be completed electronically and electronically signed. Registration and EFT payment can be emailed to scoutertrog@outlook.com.
- Printed registration forms and cheque (made out to: Scouts Canada) can be mailed to
ScoutLook c/o 75 Pinetree Crescent, Winnipeg, MB R2V 3Z6

ScoutLook²⁵ OOS Youth Registration

ScoutLook Equipment List

Clothing

- Hat (wide brim is recommended)
- Sunglasses
- Rain jacket/waterproof jacket/windproof
- Short sleeve shirts
- Long sleeve shirt
- Short pants
- Long pants
- Sweater/sweatshirt
- Socks
- Underwear
- Runners
- Watersocks/footwear to wear into the water
- Durable footwear for hiking trails
- Swim suit
- Mosquito head net/jacket (optional)
- Light toque to wear for sleep if cold

General Equipment

- Water bottle (shatter proof)
- Daypack
- Whistle
- Flashlight (extra batteries)
- Travel lawn chair
- Camera¹
- Binoculars¹
- Compass¹
- Pocket knife²
- PFD/Life jacket (properly fitting)
- Canoe Paddle¹

- Book (reading during inclement weather)
- Stuff/dry sacks for overnight trip
- Activity items ie. snorkelling, fishing¹
- Journal and writing tool¹

Sleep

- Tent for Alloway
- Tent for Overnight if you have
- Sleeping bag
- Pillow (camp size, not full size)
- Sleeping mat / mattress

Food

- Bowl/plate
- Cup (mug/glass with lid)
- Cutlery (fork, spoon, knife)

Toiletries

- Toothbrush/past
- Soap (biodegradable)
- Sunscreen
- Insect repellent
- Face/bath towel
- Face cloth
- Hair comb/brush
- Retainers/contact lens & solutions
- Prescription medication (see directions on registration)
- Roll of toilet paper in Ziploc bag
- Sanitary products

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 / thermal / outer shell.

Keep in mind that you want to keep the packs light, participants will need to carry their own packs to their campsite (approx. 200 metres), so do not over pack. If you have your own stuff bags please pack your belongings in those.

¹ Optional

² Optional, if attending with knife it must be folding blade, locking and no longer than 4 inches per Scouts Canada policy

Scout Look ²⁵ OOS Youth Registration

Scouts Canada Membership No. _____ Scouts Canada Group Name _____

ScoutsTracker ID³ _____

OOS Youth Name _____

Date of Birth (dd/mmm/yyyy) _____/_____/_____ Gender _____

Mailing address _____

City/Town _____ Province _____ Postal Code _____

OOS e-mail _____

Medical Nos. (phin 9) _____ (6 digit) _____

Physician _____ Phone _____

Parent's Names _____

Parent's e-mail _____

Home Phone _____ Cells _____

Please note which of the following are you certified and current:

- | | |
|--|---|
| <input type="checkbox"/> First Aid Standard | <input type="checkbox"/> Bronze Cross Swimming Award |
| <input type="checkbox"/> First Aid Wilderness/Remote | <input type="checkbox"/> National Lifeguard Service (NLS) |
| <input type="checkbox"/> Pleasure Craft Operators Card | <input type="checkbox"/> Respect in Sport |
| <input type="checkbox"/> Bronze Medallion Swimming Award | |

Which of the following activity areas are you able to provide leadership/instruction:

- | | | |
|--|---|--|
| <input type="checkbox"/> Canoe Skills | <input type="checkbox"/> Leathercraft | <input type="checkbox"/> Knots & Lashing |
| <input type="checkbox"/> Camping Equipment | <input type="checkbox"/> Crafts | <input type="checkbox"/> Waterfront Safety |
| <input type="checkbox"/> Navigation: Map & Compass | <input type="checkbox"/> First Aid | |
| <input type="checkbox"/> Navigation: GPS | <input type="checkbox"/> Cooking (main kitchen) | |

Do you have any allergies? Yes No

- | | | | |
|---------------------------------------|---------------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Medicine | <input type="checkbox"/> Toxins | <input type="checkbox"/> Smoke | <input type="checkbox"/> Animals |
| <input type="checkbox"/> Insect Bites | <input type="checkbox"/> Food | <input type="checkbox"/> Plants | <input type="checkbox"/> Other _____ |

If Yes, please provide details: _____

Significant Medical History:

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Measles | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Heart condition |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Other _____ |

³ ScoutsTracker ID number can be found by logging into the account, select my details, scroll down the screen and you will find ScoutsTracker Scouting Role ID. The number will be long i.e. 1-5976-852783870-59a6cb3ed8733e113244. If you have trouble reach out to your Troop Scouter for assistance.

Scout Look ²⁵ OOS Youth Registration

If Yes, please provide details: _____

Has it ever been necessary to restrict your activities due to medical reasons?

No Yes, please provide details: _____

Are you subject to any of the following:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Convulsions/
Seizures | <input type="checkbox"/> Back problems | <input type="checkbox"/> Motion sickness |
| <input type="checkbox"/> Autism Spectrum
Disorder | <input type="checkbox"/> Bleeding disorder | <input type="checkbox"/> Cramps | <input type="checkbox"/> Sleepwalking |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> HIV | <input type="checkbox"/> Ear problems | <input type="checkbox"/> Nightmares |
| <input type="checkbox"/> Fainting spells | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Contact lenses/
glasses | <input type="checkbox"/> Bed wetting |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Hernia | | <input type="checkbox"/> Other |

Please provide details: _____

Do you require special care, medication or diet? (Medication includes prescribed and over the counter)

No Yes, please provide details: _____

If your OOS will be attending camp with medications:

- OOS Youth can be independently responsible for their own medication.
- If parents prefer the medications managed by camp staff please provide all medication prescription and over the counter directly to a scouter;
- Please have prescriptions medications in the original prescription bottle and ensure the label is legible.
- If sending over-the-counter medication, please send in the original packaging and if required directions to how you would like camp staff to administer.

If you will be attending camp with medications and be independently responsible for administration

Please list medications and dosage below

Medication	Dosage	Frequency

ScoutLook²⁵ OOS Youth Registration

Medication	Dosage	Frequency

Date of last tetanus vaccination (month/year) /

Swimmer abilities: Non-swimmer Swimmer (Highest level achieved) _____

Do you give permission to ScoutLook to use photos or video of your child for promotional purposes in print or on the ScoutLook website Yes No

Do you give permission for administration of over-the-counter medication such as Tylenol, Polysporin, Benadryl, Gold Bond or other? Yes No

I give consent for my / child's medical information to be shared with emergency personnel if an emergency should arise. Yes No

Parent name printed _____ Parent's Signature _____

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

Youth's Name: _____ Phone: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Parent/Guardian Name: _____

RESIDENTS OF ALL PROVINCES/TERRITORIES EXCEPT QUEBEC:

Experience has shown that in connection with Scouting adventures there are times when illness or an accident may occur, and immediate surgical or medical attention is necessary. This is my permission for the Scouter in Charge, or designate, to make arrangements for qualified surgical or medical attention for my child/ward in the event of an emergency without my prior approval. I understand that I will be notified as soon as possible if this authority is exercised.

RESIDENTS OF QUEBEC:

Experience has shown that in connection with Scouting adventures there are times when illness or an 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 as soon as 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: _____

OR I will attend the adventure with my child/ward.

PERMISSION TO PARTICIPATE:

I the undersigned, having read, understood and completed the above, and having been briefed regarding the nature of the adventure, hereby give my permission for my child/ward to attend and participate in:

the following adventure: ScoutLook Camp

at the following location: Scouts Canada Alloway Wilderness Reserve

with the following Scouter in Charge: Scouter Dale Pankiw

on the following date(s): OOS Youth: Friday August 8 - 17, 2025 / Campers: Sunday August 10 - 16, 2025



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I confirm that all existing and known medical conditions are updated and recorded in the youth's MyScouts profile and that the Scouter in Charge has been made aware in advance of the proposed adventure.

I understand that participation in the Described Program is voluntary, and involves inherent risk during participation, including the risk of possible accidents, physical injury, or exposure to the COVID-19 virus or other infections or infectious diseases as a result of attending events, meetings and activities. I have carefully considered the risks involved, and I have full confidence that reasonable precautions and protocols will be taken and/or implemented to ensure the safety and well-being of my son/daughter/ward. I understand the inherent risks of possible accidents, physical injuries and disease transmission that could arise from these activities, and I grant permission for my son/daughter/ward to participate. I therefore acknowledge and understand that Scouts Canada and its agents are not to be held responsible for any accident and/or physical injury arising from my son/daughter/ward's participation in the Described Activity.

I have viewed my child's/dependent's information in MyScouts.ca and confirm that the information is up to date.

Signed, Parent/Guardian: _____ Date: _____

~~FOR OUT-OF-COUNTRY TRAVEL~~

~~BOTH PARENT'S/GUARDIAN'S SIGNATURES REQUIRED FOR OUT-OF-COUNTRY TRAVEL~~

~~Signed, Parent/Guardian: _____ Date: _____~~

~~1. Signed before me, _____ (name of witness), this _____ (date)~~

~~by, _____ (parent's/guardian's name) at _____ (name of location).~~

~~Witness Signature: _____~~

~~Signed, Parent/Guardian: _____ Date: _____~~

~~2. Signed before me, _____ (name of witness), this _____ (date)~~

~~by, _____ (parent's/guardian's name) at _____ (name of location).~~

~~Witness Signature: _____~~

June 2020



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