

ScoutLook^{'24} August 11th—17th, 2024

Alloway Wilderness Reserve Whiteshell Provincial Park

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.

[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.](#)

Camper and parents 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 operations.

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

Dates For Your Calender:

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

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

REGISTRATION

Scouts Canada Member Camper \$450.00

Payment and registration can be made:

1. Electronically by submitting *signed* 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



ScoutLook

EQUIPMENT LIST

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

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 repellent
- 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.



ScoutLook '23

CAMPER REGISTRATION

Scouts Canada Membership No. _____

Name _____ Group Name _____

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

Does the participant have any allergies? Yes No

Medicine Insect Bites Toxins Food Smoke Plants Animals Other

If Yes please list _____

Significant Medical History: Appendicitis Mumps Chicken Pox Measles

Kidney disease Rheumatic Fever Scarlet Fever Heart condition Other

Details: _____

Has it ever been necessary to restrict the applicant's activities due to medical reasons?

Yes No Details: _____

Is the camper subject to any of the following:

- | | | | | |
|--|---|--------------------------------------|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Contact lenses | <input type="checkbox"/> Headaches | <input type="checkbox"/> fainting spells | <input type="checkbox"/> bleeding disorder |
| <input type="checkbox"/> HIV | <input type="checkbox"/> Ear problems | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hernia | <input type="checkbox"/> Back problems |
| <input type="checkbox"/> Motion sickness | <input type="checkbox"/> Cramps | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Sleepwalking | |
| <input type="checkbox"/> Nightmares | <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Other | | |

Details: _____

Does the camper require special care, medication or diet? (This includes prescribed and over the counter)

Yes No

Details: _____

Date of last tetanus vaccination (month/year) _____

Swimmer abilities: Swimmer Non-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

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 24 Camp

at the following location: Alloway Wilderness Reserve (aka Camp Alloway)

with the following Scouter in Charge: G. Dale Pankiw

on the following date(s): Campers August 11 - 17, 2024 OOS August 9-18, 2024



It starts with Scouts.

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



It starts with Scouts.