



CAMP ARBUCKLE
SUMMER CAMP
August 10-13, 2010
Brownie Patrol Registration

Unit Name _____

Guider Name _____ iMis # _____

Address _____ City _____ Postal Code _____

Phone: (H) _____ Cell _____ Email _____

First Aid: Yes or No please circle one

Spark Units are to apply in Patrols for 4 girls to 1 Guider.

Girls Information:

#1 Name: _____ Age: _____ iMis # _____

#2 Name: _____ Age: _____ iMis # _____

#3 Name: _____ Age: _____ iMis # _____

#4 Name: _____ Age: _____ iMis # _____

T-Shirt Sizes: Children S _____ M _____ L _____ Adult S _____ M _____ L _____ XL _____

Program may include:

Waterfront: Swimming

Active Program: Hiking

Arts: Music Crafts Dance

Other: Service International Games

Registration is due April 1, 2010 and please include with your registration form:

- SG.2 for all girls
- H.1 for all girls with photo attached and make sure that the Care Card number is on the form.
- WA.2 or WA.3 for group or the date that it was entered into iMis
- Camp fee is \$60.00 including GST per girl. \$30.00 due April 1, 2010 and \$30.00 due June 1, 2010. Please send 2 post-dated Unit cheques for the whole patrol. After July 15, 2010 there will be no refunds for cancelations.

Mail forms and payment to:

Brenda Anthony

121 Christie Mountain Lane

Okanagan Falls, BC V0H 1R3

For further information please contact Brenda Anthony at

arbuckleregistrar@yahoo.ca

Please make sure that all girls are made aware of this camp even if your unit does not plan on attending as they can be paired up with a Patrol that is not full. Also if your unit does not have a full Patrol please contact Brenda and she can pair up some other Brownies with your Patrol.



Activities are organized according to Girl Guides of Canada's Safe Guide. The Safe Guide sets procedures for activity management including supervision, training, equipment and health matters. **A copy of the Safe Guide is available from your daughter's Guider for your review upon request.**

Unit:	Camp Arbuckle - Monashee Area	Today's Date:	Jan. 08, 2010
Activity/event/camp	Summer Camp August 10-13, 2010	Cost (if relevant):	\$60.00
Responsible Guider:	Patrice Schoepfner (See contact info below)		
Activity Description: (Guiders – give a brief description of the overall activity, event or camp. Try to “paint a picture” of what it will be like for the girls.)			
- Sleeping in tents - International activities - Swimming - Camping Skills - Hiking - Service			
For overnights, type of accommodation: <input type="checkbox"/> Meeting hall <input type="checkbox"/> Camp residence <input checked="" type="checkbox"/> Tent <input type="checkbox"/> Hotel <input type="checkbox"/> Hostel <input type="checkbox"/> Other (please list) :			
Purpose of Activity: (Guiders – please provide a brief explanation of how the girls will benefit from participating in the activity.)			
See above			
Activity Date/Time:	From Aug 10 to Aug 13 2010	Time:	Start time 3:00pm End time 10:00am # of nights 3
Location: (facility name)	Camp Arbuckle	Contact Number: (in case of emergency)	250-766-2173
	14750 Carrs' Landing Rd. Lake Country, BC		
	<small>Street Address/PO Box</small>	<small>City/Town</small>	<small>Postal code</small>
Brief description of facility/site:	Girl Guide Camp with dorm building and mess hall. Brownies will be sleeping in tents.		
Number of participants expected:	100	The minimum supervision ratios will be:	for Brownies 5:1
Supervision will be provided as follows: (Guiders – please briefly explain how supervision will be managed.)			
Arrangements for transportation (if applicable):			
Time and place of departure:	N/A	Return:	N/A
Mode of transportation: N/A			
Transportation note: Automobile insurance is not provided by Girl Guides of Canada for the owner of the vehicle, even if it is used during a sanctioned event. The registered owner of the vehicle is responsible for maintaining adequate automobile insurance. Any physical damage to the vehicle, or liability resulting from its use during participation in or travel to and from a sanctioned activity is the responsibility of the vehicle owner.			
Specific activities will include: (Guiders – please list the different activities the girls will be doing)	Girls will require the following: (Guiders – please attach a kit list if more space is required)		
Swimming	Money: \$0.00		
	Equipment: N/A		
Hiking	Food: N/A		
International Activities	Clothing: Kit List will be supplied at a later date		
	Other:		
Service	Kit list attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		



Girl Guides of Canada Guides du Canada

A detailed itinerary is attached. Yes No

If you require more information please contact:

Guider's name: Patrice Schoepfner

Phone number: 250-766-3400

E-mail: pschoepfner@yahoo.ca

Guider's name: Sharon Brooks

Phone number: 250-548-3398

E-mail: smabrooks@hotmail.com

Parents – please retain this sheet for your information!



Your daughter/ward has the opportunity to participate in the following Girl Guides of Canada activity/event.

Activity – Guiders please complete this activity section.

Activity/event/camp: Camp Arbuckle Summer Camp Date(s): From Aug 10 to Aug 13 2010
Location: Camp Arbuckle 14750 Carrs' Landing Rd. Lake Country, BC

The details of this activity/event/camp are explained on the attached Activity Plan (SG.1).

The activity/event indicated above falls outside what Girl Guides of Canada considers to be a "regular unit activity." Our procedures require that you review the planned activity(ies) and consider the following:

- In all activities there is an element of risk. While Girl Guides of Canada and your daughter's/ward's Guider(s) take reasonable precautions to minimize these risks, this is no guarantee against injury or loss.
Some of the risks associated with these types of activities include (but are not limited to): scrapes, cuts or bruises; sprains, strains or possible broken bones; illness from known or unknown sources; theft or loss of possessions; and unforeseen injuries from activities, equipment or actions of your daughter, other participants or other people, including negligent actions.
Your daughter/ward's Guiders will be following Girl Guides of Canada's Safe Guide which outlines safety management practices. You are welcome and encouraged to review this document. A copy of Safe Guide is available from your daughter's/ward's Guider upon request.
Participants are expected to conduct themselves in a safe manner and to abide by the Girl Guides of Canada Safe Guide procedures and Code of Conduct.

Permission Please return this page to the Guider by (mm-dd-yy)

Name of girl: has my permission to participate in Camp Arbuckle Summer Camp

on Aug 10-13, 2010 with the supervision arrangements outlined on the Activity Plan (SG.1).

Contacts during activity: During the duration of the activity, I may be reached at:

Address Phone Alternate Phone

In the event of an emergency, if I cannot be reached, the following person is hereby authorized to act on my behalf:

Name: Relationship to participant:

Address Phone Alternate Phone

I have read and understood the information provided with this form as well as the details on the attached Activity Plan (SG.1). I understand that there is a degree of risk involved in these activities. After carefully considering all the risks involved, and having full confidence that reasonable precautions will be taken for the safety and well-being of my child/ward, I authorize my child/ward to participate in the activity as described above and on the Activity Plan (SG.1). I agree to provide up-to-date health information that may not be on the Personal Health Form (H.1) completed at registration. If my daughter/ward requires medical treatment, I understand that Girl Guides of Canada will take initial steps to secure medical advice and services and that I will be contacted as soon as possible, or if unavailable, the emergency contact person noted above.

Custodial parent or guardian Date: Relationship to girl: Print name Signature

Parents – please return this sheet to the Guider!



PERSONAL HEALTH FORM Girl Members

Note to Parent/Guardian

- 1. The information on this form may be used by GGC representatives or medical personnel to administer or authorize appropriate health care or medical attention for the participant; and to obtain your permission on who may pick-up your child/ward.
2. Please return this form to the responsible Guider. You may be asked to review and update health information on this form periodically throughout the year. Please initial any changes.
3. It is recommended that you attach a photo on the reverse side of this form.

Name: Last name First name
Birth date: year/month/date Height: Weight:
Address: No. Street Apt. No. P.O. Box or R. R. No. City Province/Territory Postal Code
Phone: Home () Business Cell ()

Contact information of custodial parent or guardian: E-mail
Last name Given name Phone: Home () Business () Cell ()
Address (if different from above) No. Street Apt. No. P.O. Box or R. R. No. City Province/Territory Postal Code

If the above are unavailable in an emergency, please notify:
1. Last name First name Relationship Phone: Home () Business ()
Address (if different from above) No. Street Apt. No. P.O. Box or R. R. No. City Province/Territory Postal Code
2. Surname Given Name Relationship Phone: Home () Business ()
Address (if different from above) No. Street Apt. No. P.O. Box or R. R. No. City Province/Territory Postal Code

- 1. Family doctor Phone ()
2. Provincial health insurance number (optional)
3. The activity/event/camp may include swimming hiking, boating, pitching tents, etc. Does the participant have any physical, cognitive, emotional or behavioural limitations/challenges that would require assistance and/or modifications to the program to enable her to participate fully? Yes No
If yes, please state particulars:

- 4. Do you have any special instructions for Guiders/staff regarding the participant's health care and/or diet? Yes No
If yes, please explain:

- 5. Has this person menstruated? Yes No If not, does she know about it? Yes No
6. Are corrective lenses required? Yes No Contact lenses? Yes No

Participant's name:

Site/event:

Year:



Name of participant: _____

7. If the participant has allergic reactions to such things as food, insect stings, etc., please complete the following:			
<i>Allergy</i>	<i>Life-Threatening?</i>	<i>Allergy</i>	<i>Life-Threatening?</i>
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Is the participant subject to any of the following? (*Please check all that apply*)

<input type="checkbox"/> Arthritis	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Motion sickness	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Respiratory ailments	<input type="checkbox"/> Ear trouble	<input type="checkbox"/> Nightmares	<input type="checkbox"/> Other – please specify _____
<input type="checkbox"/> Bed wetting	<input type="checkbox"/> Headaches	<input type="checkbox"/> Sleepwalking	

9. Chronic conditions or recent illnesses of which the Guiders/staff should be aware: _____

10. Please provide details of treatment required and name of medications she will be bringing with her if required for the above mentioned condition(s). _____

11. Are there any medications that your child/ward should carry themselves (e.g., asthma pump, Epi-pen).
 Yes No If yes, please specify: _____

Medications: Any medication (over-the-counter and/or prescribed) required by girl Members must be brought with her in original packaging with dosage instructions and clearly labeled with her name. Medications are given to the Guider or first aid provider upon arrival at the activity/event/camp for storage. The Guider or first aid provider will supervise the taking of medication by girls according to instructions provided. Participants must be willing to take their medication. They will not be given any medication that is not provided by parents/guardians. Other comments: _____

Note: *If the participant has been treated by a physician for an illness or injury within one month of the date of the activity, it is recommended that the **Wellness Statement (H.5)** is completed and signed by a physician.*

Every care and attention will be given to the health and comfort of the participant.
I hereby authorize a Girl Guides of Canada representative to secure such medical advice and services (e.g., contacting EMS/ambulance) as may be deemed necessary for the health and safety of myself or my daughter/ward during activities. I agree to accept financial responsibility in excess of the benefits allowed by my provincial/territorial health plan or the Girl Guides of Canada insurance plan.

Date: _____

Signature of Participant (or custodial parent/guardian if participant is under provincial/territorial age of majority) _____

PHOTOGRAPH OF PARTICIPANT	Place photo here
A picture is required when a girl Member is attending any activity/event/camp at which she may not be known (e.g., area camps, outings, district rallies, etc.)	

PERMISSION TO PICK UP GIRL MEMBER

Girl Guides of Canada strives to provide the safest possible environment for your daughter. In keeping with that goal, unit Guiders will only release your daughter/ward to individuals who have been authorized by you to pick up your daughter/ward after Guiding activities.

a) My daughter/ward has my permission to make her own way home: Please initial _____

b) In the space below, please list up to four people (*including yourself*) who may pick up your daughter/ward.

1. _____	2. _____
3. _____	4. _____

**Please note that individuals on the list may be required to show photo identification if they are not known to the unit Guiders. If there is a need for someone other than those listed above to pick up your daughter/ward, please inform the unit Guider in writing. In an emergency situation, the unit Guider may accept verbal authorization from you.*

NOTE TO GUIDERS: Securely destroy this form at the end of the Guiding year or return to parent/guardian.



Name of participant: _____ iMIS # _____

Address: _____

Swim Tests are administered by aquatic personnel. The Responsible Guider must ensure that they are familiar with the testing requirements. **OR**, proof of completion of Red Cross Aqua Quest 6, Swim Kids 5, Lifesaving Society Swimmer 4 (or equivalent) must be shown to the responsible Guider to be granted equivalency for the Swim Test.

Boating Tests are run by the activity facilitator, aquatic personnel or a registered Member familiar with the type of boating. The Responsible Guider should ensure the testers are familiar with the testing requirements. Both Swim Tests and Boating Tests are valid for five years.

Part A: Swim Test

Swim Test Standards (See additional notes in Safe Guide.)

- To successfully complete the test the swimmer must: swim 50 meters, tread water for one minute.
- The test must be performed without touching a dock or the bottom in water that is no more than chest deep
- The swimmer can swim on her front or back
- The swimmer needs to be in a horizontal position and continuously moving forward for the swim portion of the test
- The swimmer must tread water immediately after completing the 50 m swim
- When treading water, the swimmers' head must be upright and out of the water

The participant:

- Has demonstrated** the Swim Test Standards
- Has shown proof of equivalency** (or equivalent as noted above)

Part B: Boating Test for Participants

Boating Test Standards (See additional notes in Safe Guide.)

Wearing a properly fitted PFD, participants must: swim 25 m, demonstrate the HELP position for two minutes and tread water for five minutes

The participant:

- Has demonstrated** the Boating Test Standards

Part C: Boating Test for Adults

Boating Test Standards: (See additional notes in Safe Guide.)

Wearing a properly fitted PFD, participants must: swim 75 m, demonstrate the HELP position for two minutes, tread water for five minutes and demonstrate the righting and re-entry of the vessel

The adult:

- Has demonstrated** the Boating Test Standards (for adults)

Part D: Verification by Aquatic Personnel (for Swim Test)

Aquatic personnel's name _____

Qualification _____ Expiry date _____

Phone number _____ E-mail _____

Signature _____ Date (M/D/Y) _____

Part E : Verification by Responsible Guider (for Boating Test or Swim Test equivalency)

Responsible Guider's name _____

Swim level completed _____ Date it was completed _____

Signature _____ Date (M/D/Y) _____

Responsible Guider sends this form to her iMIS input site for data entry under Training.