

To the Scugog Camper...

Another summer will soon be upon us. Soon it will be time to pack up and head to camp for another season in the sun. For me, camp is about community and a place to share our lives, experiences and simple joys. At camp we all have the opportunity to learn about nature, God's presence in our lives, supporting and sharing in each other's lives.

At Camp Scugog we offer children and adults a unique opportunity in a warm, caring community. It's a place not only for summer fun but for growth, stability and the strengthening of family life. I look forward to the summer and invite you to share in the magical moments that Camp Scugog has to offer.



Dana Leahey
Camp Director

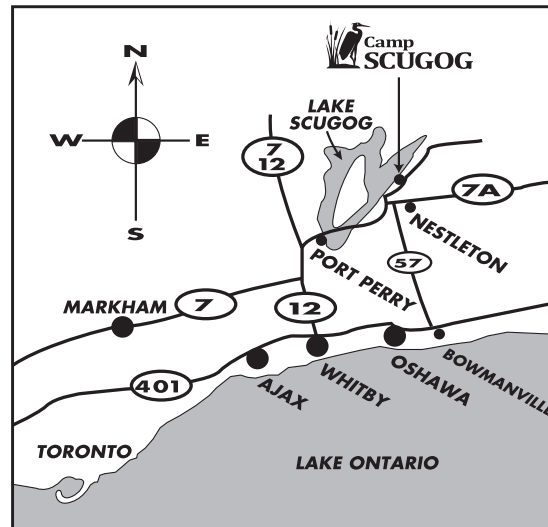
Be a part of our Scugog Community by:

- Attending one of our camper sessions
- Making a donation on our website
- Sponsoring a camper's fee
- Becoming a Board Member
- Organizing or participating in a fundraising event
- Renting our facility in the Spring or Fall season
- Attending our Open House

Visit our website
www.campscugog.org
for more information

Join us at our Open House

You are invited to attend our Open House on Sunday, June 28th from 1 p.m. to 5 p.m. Stop in for a swim, bring a picnic lunch, explore our site, and meet our staff. Please call 905-986-4401 for detailed directions.



How to contact us...

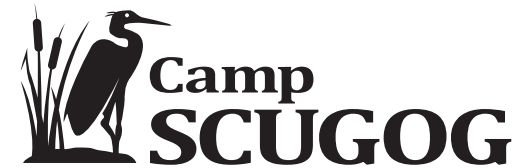
OFFICE – REGISTRATION • Vicky Spence
50 Edward St., Brantford, ON N3S 1V3
tel. 905-837-0648
vspence@campscugog.org

CAMP DIRECTOR • Dana Leahey
RR#3, Bancroft, ON K0L 1C0
tel. 613-332-5560
dleahey@campscugog.org

SUMMER ADDRESS • Lake Scugog Camp
19400 St. Christopher's Beach Road,
Nestleton, ON L0B 1L0
tel. 905-986-4401 • fax. 905-986-1099
www.campscugog.org



The Rotary Club of Toronto



A Fresh Air Camp Of The United Church Of Canada

www.campscugog.org

Summer 2020



Mission Statement

Camp Scugog offers an outdoor camping experience for children, youth and mothers. Scugog's safe, fun and diverse community is specifically designed to address the needs of those affected by poverty and other barriers.

At camp, the development of positive attitudes and values is paramount to building a strong sense of self and community.

Values

Community • Growth • Play • Respect

About Camp Scugog

Camp Scugog is a registered charity that has offered incredible programming to children, youth and mothers affected by poverty since 1910, one of the oldest camps in Canada! The camp is located on Lake Scugog, 22 km east of Port Perry, Ontario. Our 300 acre site includes a vast meadow, mixed forest, grass lawns, adventurous marsh and 1,100 feet of shoreline with a view of the most beautiful sunsets. The campers stay in cabins with bunks, swim in the lake, eat and enjoy occasional programming in an historical farm house. They also experience overnight tenting on a choice of sites on our own property.

Our energetic staff consists of the Director having 40+ years' experience working with Camp Scugog, qualified health care staff, fantastic cooks, enthusiastic counsellors and awesome programming staff. Water and land activities are the anchor of our program with the addition of "Camper's Choice" that

highlights the unique talents and skills of our staff which provides the campers with an unlimited variety of program opportunities. Outdoor chapel services and camp wide special days are also important events that create magical memories of Camp Scugog.



2020 CAMP DATES – Fee Scale \$320 to \$1,200

Session #	Ages	Duration	Dates
1	12 – 15	10 days	June 29 – July 8
2	0 – 16	7 days	July 11 – July 17
3	8 – 12	10 days	July 20 – July 29
4	0 – 16	7 days	August 1 – August 7
5	8 – 12	10 days	August 10 – August 19
LIT	15	34 days	July 11 – August 19



Teens and Children's Programs

At Camp Scugog, people who might not otherwise have an opportunity can enjoy summer camp. Our sessions are designed to provide children and teens with a safe, fun and nurturing environment where they deserve to play uninhibited, free to be themselves and have the chance to discover and grow. Each camper is cared for as an individual which is supported through our overall ratio of two campers for every one staff. We strive to provide an inclusive environment where campers are able to simply 'be kids' at the same time challenged to be the best version of themselves. Our program is committed to building friendships and community that foster self-esteem and self-worth as well as developing positive attitudes and relationships that have lasting ripples beyond their session at camp.

Mothers & Children's Program

One of the longstanding traditions at Camp Scugog is our program for mothers and children. These sessions provide opportunities for families to spend time together in a creative and supportive outdoor environment. During the day, separate programming is offered to mothers and children so mothers are able to enjoy the company of other adults, while their children gain independence through play with others their own age. Camper cabins have a dividing wall but are shared by two families. This supports an opportunity to have some privacy but also build friendships with another family. New skills and strong community are fostered as well as strengthening family life that has lasting impacts beyond the boundaries of camp.



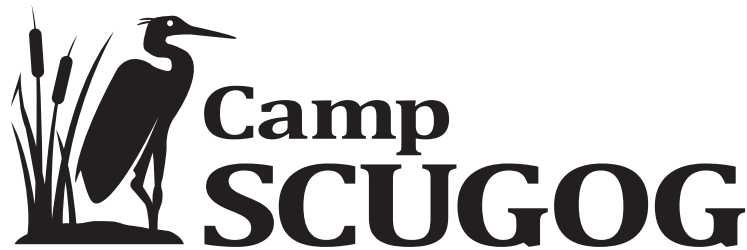
Leadership Program *(Leaders in Training / Junior Counsellors)*

This is a two year program for youth aged 15-17. During the first summer as an LIT, campers work on skills such as canoeing, swimming, first aid, out-tripping and orienteering as well as skills to become confident leaders and role models. After a successful first year, second year leaders become JCs who further develop their leadership and program planning skills. JCs spend more time interacting with campers, learning and practicing effective leadership styles. One major focus is to help participants become employable through certifications, developing a resume, and job interview training. An especially exciting part of this program is a weeklong trip in Algonquin Park, alternating between canoeing and hiking each year.

This program also extends year-round. Our LITs and JCs meet monthly to learn new skills, reflect on and continue the personal growth from the summer. This year-long program plays a critical role in enabling these youth to become successful, valuable summer staff. Through physical fitness, goal setting and community living, our young leaders leave with the tools necessary to be positive and caring community members.



**CHAPEL • ARCHERY • CANOEING • KAYAKING • CRAFTS • SWIMMING • SPECIAL DAYS • FIELD GAMES
CAMPER'S CHOICE • SAILING • TRIPPING • HIKING • LOW ROPES • BIKING • TREE CLIMBING • CAMPFIRES**



A FRESH AIR CAMP OF THE UNITED CHURCH OF CANADA

Summer 2020

Open House: Sunday, June 28th, 1 p.m. to 5 p.m.
 All are welcome • Campers • Families • Alumni • Friends

CAMP SESSION INFORMATION			
Session #1	Teens' Camp	Ages 12 to 15	Monday, June 29 to Wednesday, July 8
Session #2	Mothers & Children	Ages 0 to 16	Saturday, July 11 to Friday, July 17
Session #3	Children's Camp	Ages 8 to 12	Monday, July 20 to Wednesday, July 29
Session #4	Mothers & Children	Ages 0 to 16	Saturday, August 1 to Friday, August 7
Session #5	Children's Camp	Ages 8 to 12	Monday, August 10 to Wednesday, August 19

LEADERSHIP PROGRAM (Leader in Training - LIT) <i>Camp not responsible for LIT during session breaks.</i>			
Session #2, #3, #4, #5 (34 days)	Teens	Ages 15 to 17	Saturday, July 11 to Wednesday, August 19
Fee: \$1,275 This is a subsidized fee. Additional subsidies available to qualified individuals. Application form required. Fee includes skill certifications, equipment and bus transportation to and from Toronto.			

FEE SCHEDULE per person Camp Scugog is committed to providing a camper/staff ratio of approximately 2:1				
SESSION #	LENGTH OF SESSION	FULL FEE	AGENCY SPONSORED FEE	INDIVIDUAL SUBSIDIZED FEE*
1, 3, 5	10 Days	\$1,200 ea.	\$785 ea.	\$450 ea.
2, 4	7 Days	\$830 ea.	\$610 ea.	\$320 ea.

*Bursaries are available to further reduce the subsidized fee on a first come – first served basis to qualified individuals. Financial Assistance forms available from www.campscugog.org or contact our office 905-837-0648.

APPLICATION PROCESS
<ul style="list-style-type: none"> • All applications require a \$50.00 non-refundable deposit <u>per camper application</u>. • Any application received without deposit will not be processed and <u>space will not be reserved</u>. • Please make cheque/money order payable to Camp Scugog and mail to: Camp Scugog, 50 Edward St., Brantford, ON N3S 1V3 • 905-837-0648 • The balance of payment must be <u>received by May 15th</u> (unless otherwise arranged.) • All applications received after May 15th require <u>full payment</u> (unless otherwise arranged.) • Confirmation of registration and further information will be mailed to all registered campers to help prepare them for the Camp Scugog experience.

CANCELLATION AND REFUND POLICY
<ul style="list-style-type: none"> • All sessions: Fourteen (14) days prior to your session start date, a refund will be issued less the \$50.00 non-refundable deposit. • Less than 14 days prior to your session start date, refunds will be given for medical reasons only (with medical certification) less the \$50.00 non-refundable deposit. • All refund requests must be made in writing to the Registrar. • Refunds are not granted if parent/guardian withdraws camper from the session early, or if camper is sent home early for misconduct. • There will be a \$20.00 service charge for NSF cheques.

CAMP SCUGOG APPLICATION FORM

Return to: Camp Scugog, 50 Edward St., Brantford, ON N3S 1V3 • 905-837-0648

CAMPER INFORMATION ONE FORM PER CAMPER: (photocopies accepted)

Name: _____ How do you identify?
 Male Female Mom _____

Address: _____
No. Street Apt. City Postal Code

Hm.Tel. (____) _____ Date of Birth (d/m/y) _____ Age July 1st _____

Name of parent(s) or guardian(s) with legal custody: _____

Hm.Tel. (____) _____ Cell.Tel. (____) _____ Bus. Tel.(____) _____

Email: _____

Has child attended Camp Scugog before? No Yes #of years _____ when? _____

Are you a member of a church? Church Name _____

Preferred session: #1 #2 #3 #4 #5 LIT Cabin mate request: _____

ADDITIONAL CONTACT INFORMATION

Emergency Contact: (other than information above)

Name: _____ Relationship: _____

Hm.Tel. (____) _____ Cell.Tel. (____) _____ Bus. Tel.(____) _____

Who can pick up the camper from camp in case of emergency or if camper needs to leave prior to end of session?

Name: _____ Relationship: _____ Tel.(____) _____

NOTE: In the event that the guardian or alternate contact is unavailable, appropriate CAS or other support services will be notified to transport child from camp.

Referral Contact:

Name of Agency (CAS), Church, School, etc.: _____

Name: _____ Email: _____

Phone: Day: _____ Eve: _____ Wkend: _____

If there is information **not** documented that is necessary for the safety/appropriate management and enjoyment of this camper, please indicate who the Director should contact to discuss these issues confidentially.

Name: _____ Relationship: _____ Tel.(____) _____

TRANSPORTATION INFORMATION

The camp provides transportation to and from Toronto. Please indicate your requirements:

Bus to camp: No Yes* ***Detailed Bus Information will be included in your confirmation package.**

Bus from camp: No Yes*

Who will be providing transportation for camper to/from camp if bus is not required? **Please call for directions.**

Name: _____ Relationship: _____ Tel.(____) _____

The camper will only be released to the person named herein. The camp must be informed in writing of any changes to the information in this section.

CAMPER NAME: (Please print)

The following is to be filled out by Camper's Parent, Guardian, Minister, Reference or Social Worker. If a camper is sponsored by a Children's Aid Society or other agency, it is essential that the Social Worker take time to ensure that accurate and complete info is provided below. Please consider the following questions and answer carefully.

The more information we have, the better we can provide this camper with a positive camping experience.

Which of the following best describes this camper? Please check (✓) as many as apply.

Favourite Camp Activities:

- | | | | | | |
|--|-----------------------------------|--------------------------------------|-------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Campfire | <input type="checkbox"/> Drama | <input type="checkbox"/> Kayaking | <input type="checkbox"/> Special Days | <input type="checkbox"/> Sailing |
| <input type="checkbox"/> Biking | <input type="checkbox"/> Canoeing | <input type="checkbox"/> Field Games | <input type="checkbox"/> Low Ropes | <input type="checkbox"/> Sports | <input type="checkbox"/> Tree Climbing |
| <input type="checkbox"/> Camper's Choice | <input type="checkbox"/> Crafts | <input type="checkbox"/> Hiking | <input type="checkbox"/> Overnights | <input type="checkbox"/> Swimming | Can camper swim?
<input type="checkbox"/> Yes <input type="checkbox"/> No |

Camper Behaviour:

- | | | | | | |
|---|--|---------------------------------------|--|---|--|
| <input type="checkbox"/> afraid of the dark | <input type="checkbox"/> challenging behaviour | <input type="checkbox"/> follower | <input type="checkbox"/> leader | <input type="checkbox"/> respectful | <input type="checkbox"/> stealing |
| <input type="checkbox"/> aggressive | <input type="checkbox"/> compliant | <input type="checkbox"/> happy | <input type="checkbox"/> likes to be alone | <input type="checkbox"/> rude | <input type="checkbox"/> temper |
| <input type="checkbox"/> anxious | <input type="checkbox"/> cooperative | <input type="checkbox"/> has friends | <input type="checkbox"/> low self esteem | <input type="checkbox"/> runs away | <input type="checkbox"/> trustworthy |
| <input type="checkbox"/> bad language | <input type="checkbox"/> defiant | <input type="checkbox"/> homesick | <input type="checkbox"/> moody | <input type="checkbox"/> sensitive | <input type="checkbox"/> walks in sleep |
| <input type="checkbox"/> been away from home | <input type="checkbox"/> easy going | <input type="checkbox"/> hyper active | <input type="checkbox"/> nervous | <input type="checkbox"/> sexual behaviour | <input type="checkbox"/> wants to go to camp |
| <input type="checkbox"/> bullied <input type="checkbox"/> bully | <input type="checkbox"/> energetic | <input type="checkbox"/> lazy | <input type="checkbox"/> quiet | <input type="checkbox"/> shy | <input type="checkbox"/> wets bed |

Easily relates to: own age younger older adults authority

Difficulty relating to: own age younger older adults authority

Eating habits: fussy hearty average fast slow

Please indicate approaches /behaviour management methods that work well with this camper or any challenges this camper may experience while away at camp, (behavioural, medical, emotional, eating, sleeping, recent trauma, other). Attach additional page if necessary.

AUTHORIZATION

PHOTO CONSENT: I /We hereby give permission and the legal right to CAMP SCUGOG for the use and ownership of any written or audio-visual material, and photographs of the enrolled camper for publicity and promotional purposes.

Parent / Legal Guardian Signature

Relationship to Camper

Date

CONDITIONS OF ENROLLMENT:

1. The Director of Camp Scugog reserves the right to dismiss a camper who, in his/her opinion, has displayed unacceptable behavior and /or has not complied with the rules and expectations of the camp.
2. No refunds or reduced fees will be made for dismissals, late arrivals or early departures.
3. As the parent(s)/legal guardian(s) of the applicant child, I am the only person/we are all of the persons having legal guardianship of the applicant child. **Any conditions of custody and access, if applicable, will be fully communicated in writing to Camp Scugog with this application.**
4. I /We wish my/our child to take part in the FULL CAMP PROGRAM unless I/we advise you otherwise in writing prior to the start of Camp.
5. Permission is hereby given to Camp Scugog staff to dispense prescription and/or standard non-prescription drugs as required and I/we confirm that **all known drug allergies of the child are set out in this applicants Health Form.**

PRIVACY CONSENT: I/we understand that to provide myself/my child with camper care, Camp Scugog will collect personal information about myself/my child. I/we have reviewed the information provided about the collection, use and disclosure of personal information and steps taken to protect it, on the website. I/we understand how this information applies to myself/my child. I/we have been given a chance to ask any questions I/we have about Privacy Policies and they have been answered to my satisfaction. I/we agree to Camp Scugog collecting, using and disclosing personal information about myself/my child set out in the Camp Scugog Privacy Statement.

Print Name

Relationship to Camper

Date

Parent / Legal Guardian Signature

RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

As referred to in this agreement the term “Camp Scugog” includes the following as released parties: Camp Scugog, their respective, Directors, Officers, Employees, Trustees and Beneficiaries; herein after referred to as “Camp Scugog.”

***BY SIGNING THIS AGREEMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS.
PLEASE READ THIS DOCUMENT CAREFULLY***

I, _____, _____, _____, _____
Print Name No. Street Apt.

_____, _____, _____, _____
City Province Postal Birth Date: dd/mm/yy

acknowledge and agree that in consideration of being permitted to participate in any **“Camp Scugog” Programs or Activities** arranged, organized, sponsored, conducted, authorized, staged and/or operated by **“Camp Scugog”**:

1. I HEREBY ACKNOWLEDGE AND AGREE THAT:

- **“Camp Scugog” Programs and Activities** may be dangerous, exposing participants to many risks and hazards, some of which are inherent in their very nature, others which result from human error and negligence on the part of the persons involved in arranging, organizing, sponsoring, authorizing, conducting, staging and/or operating the **“Camp Scugog” Programs and Activities**;
- some of the aforesaid risks and hazards are foreseeable, but others are not;
- I acknowledge that any Program or Activity (including travelling to or from such Program or Activity) can be an extremetest of a person’s physical, emotional and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to: actions of other people including, participants, volunteers, spectators, employees, instructors, counsellors, and/or organizers of the activity; lack of hydration, weather, and/or other natural conditions. I hereby assume all of the risks of participating in any Program or Activity;
- I certify that I am and/or my child is physically, emotionally and mentally fit and have not been advised otherwise by aqualified medical person;
- I willingly agree to comply with the customary terms and conditions for participation in programs and activities. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest teacher or **“Camp Scugog”** representative immediately;
- I understand that **“Camp Scugog”** does not assume any responsibility whatsoever for my safety during the course travelling to and from, or my preparation for or participation in any **“Camp Scugog” Program or Activity**;
- I understand that **“Camp Scugog”** does not undertake to provide health, accident, disability, hospitalization, personal property, or other insurance for participants in their programs or activities. I affirm that I have appropriate medical insurance in the event medical attention is needed for me;
- I understand that I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by **“Camp Scugog”**;
- I hereby consent to receive emergency medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during any Program or Activity;
- I nevertheless ***freely and voluntarily assume all the aforesaid risks and hazards***, and that, accordingly, including traveling to and from, my preparation for, and participation in any **“Camp Scugog” Programs and Activities shall be entirely at my own risk**;

2. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby to the greatest extent permitted by law, **RELEASE, HOLD HARMLESS AND INDEMNIFY "Camp Scugog"** from all liability, and all recourses, proceedings, claims, and causes of action of any kind whatsoever, present or in the future, in respect of any and all personal injuries or property losses which I may suffer arising out of or connected with travelling to and from or my preparation for, or participation in **"Camp Scugog" Programs or Activities** notwithstanding that such injuries or losses may have been caused solely or partly by the active or passive negligence or breach of duty of **"Camp Scugog"**.

I also recognize and agree that the Released Parties assume no responsibility for any liability, damage, or injury that I might sustain due to the intentional, unintentional or negligent acts or omissions of any other person or organization.

3. Jurisdiction

The courts of Ontario Canada shall have exclusive jurisdiction over any claim, legal dispute, or cause of action for negligence or otherwise, arising out of, travelling to or from or my participation in any **"Camp Scugog" Program or Activity(s)**, including but not limited to emergency medical treatment. It is hereby understood and agreed that commencement of any such legal proceedings will be held only in the Province of Ontario and I hereby irrevocably submit to the exclusive jurisdiction of the courts of the Province of Ontario, Canada.

4. Severability

I expressly agree that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law and that if any of its provisions are held to be invalid, the balance shall, notwithstanding, continue in full legal force and effect.

5. Acknowledgement of Understanding

I have read this Release Waiver of Liability, Assumption of Risk, and Indemnity Agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to bring legal action or assert a claim. I acknowledge that by submitting this form, I am signing the agreement freely and voluntarily and affecting a complete and unconditional release of all liability to the greatest extent allowed by law.

_____,
Participant's name

_____,
Participant's signature

_____,
Witness

_____,
Date

For participants of Minority Age (Under 18 years of age at time of registration)

This is to certify that I as a parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs or activities.

_____,
Parent/guardian's signature

_____,
Emergency phone number

_____,
Witness

_____,
Date

CAMP SCUGOG HEALTH FORM

Return to: Camp Scugog, 50 Edward St., Brantford, ON N3S 1V3 • 905-837-0648

CAMPER NAME: _____ Date of Birth (d/m/y): _____ Age: _____ Session # _____

****If there is not enough space on this form, please attach a separate page with additional information. I have attached a separate page.*** yes no

Name of parent(s) / guardian(s) with legal custody: _____

Hm.Tel. (____) _____ Cell Tel. (____) _____ Bus. Tel.(____) _____

Health Card #: _____ (____) Last Tetanus shot: _____
expiry

Family Doctor: _____ Tel. (____) _____

Please check (✓) as many as apply.

- | | | | | |
|-----------------------------------|---|---------------------------------------|--|---|
| <input type="checkbox"/> seizures | <input type="checkbox"/> bladder infections | <input type="checkbox"/> depression | <input type="checkbox"/> ear aches | <input type="checkbox"/> menstruation |
| <input type="checkbox"/> HIV (+) | <input type="checkbox"/> fainting spells | <input type="checkbox"/> hepatitis | <input type="checkbox"/> stomach aches | <input type="checkbox"/> carries a puffer |
| <input type="checkbox"/> anxiety | <input type="checkbox"/> smoker | <input type="checkbox"/> sore throats | <input type="checkbox"/> hemophilia | <input type="checkbox"/> carries an Epi Pen |
| <input type="checkbox"/> ADD | <input type="checkbox"/> ADHD | <input type="checkbox"/> headaches | <input type="checkbox"/> learning disability | <input type="checkbox"/> asthma |
| <input type="checkbox"/> OCD | <input type="checkbox"/> ODD | <input type="checkbox"/> diabetes | <input type="checkbox"/> treated for head lice | <input type="checkbox"/> eczema |

Dietary restrictions:

vegetarian vegan lactose intolerant gluten free no beef no pork other _____

Allergies: Drug / Food / Life Threatening / Other: (we are NOT peanut free):

Camper is in compliance with all recommended vaccinations: yes no (*Please specify)

Diagnosed Disorder(s)/ Disability(s)/ Mental Health concerns: _____

Past Medical History: _____

Prescriptions taken this past year that you will NOT be continuing while at camp: _____

Recent operations, illness or injury: _____

Prescription, Over-the-Counter, or Alternative Medication to be taken at camp.

(please bring in **original container** with the camper name, medication name, Doctor name and phone # and dosage clearly visible)

Name of Medication	Dosage	How/When Administered	Reason for Taking

I confirm that to the best of my knowledge, except as noted on this form, this person is in good health and physically able to participate in all camp activities. I will notify the camp in writing if the individual is exposed to an infectious disease during the three weeks prior to arriving at camp. In the case of medical or surgical emergency, the camp will contact the parent/guardian or emergency contact on this form. In the event that person cannot be contacted, I give permission to the physician selected by the Camp Director or other responsible individual to call for ambulance, secure proper treatment, hospitalize, order injection, anaesthesia or surgery for the camper named in this form.

Parent / Legal Guardian Signature _____ Print Name _____ Date _____