

All camping fees 'includes' Tax

| Camp Week | Ages | Dates | Fee |
|-------------------|-------|---------------|-------|
| Junior Camp | 7-9 | July 2-7 | \$420 |
| Intermediate Camp | 10-12 | July 9-14 | \$420 |
| Adventure Camp | 13-15 | July 16-21 | \$420 |
| Out-Trip * | 13-15 | July 23-28 | \$435 |
| Scamper Camp | 4-7 | July 23-28 | \$420 |
| Adventure Camp | 10-12 | July 30-Aug 4 | \$420 |
| Junior Camp | 7-9 | Aug 6-11 | \$420 |
| Teen Camp | 13-15 | Aug 13-18 | \$420 |
| Intermediate Camp | 10-12 | Aug 20-25 | \$420 |

***Please note: successful completion of a canoe and swim test must be achieved before Out-Trip registration can be confirmed.**

10% Family discount for 2 or more children registered from same family!

All camps provide typical camp activities such as:

- *swimming & waterfront activities
- *games & crafts
- *campfires & chapel

CHECK OUR WEBSITE!

Our well-trained counsellors provide
24-hour care and supervision.

Our camper-to-staff ratio is approximately 5:1

**All staff are trained in
EMERGENCY FIRST AID & CPR**



Payment Plan

Full payment must accompany Registration & Health form

Acceptable payment methods are: e-transfers/cheque/money order

Cheques & MO's made out to Camp McDougall

E-transfer to: campmcdougall@gmail.com

Mail forms and payment to:

Camp McDougall

PO Box 22068, Cambrian PO

Sault Ste Marie, ON

P6B 0E9

Upon payment, a receipt & camper information will be sent to campers by Canada Post or email.

There will be a \$25 charge on any NSF cheque

Cancellation Policy

Upon notification to Camp McDougall:

*\$25 admin fee will be charged on cancellation 10 or more working days prior to start of camp session

*\$50 admin fee will be charged on cancellations from 0-9 working days prior to start of camp session

NO REFUNDS ONCE CAMP STARTS

~The only accepted forms of payment on registration day are cash or money order

~In case of withdrawal during camp due to physician's orders, a \$50 admin fee will be withheld from refund

~No refunds will be given for dismissals due to disciplinary action, late arrivals or early departures.

Note: Drop off time for campers is 4pm

Pick up time for campers is 5pm

Please do not drop off campers early or pick up late, as staff are not available for supervision!



2023

Camp McDougall is an outreach ministry of the Canadian Shield Regional Council of The United Church of Canada. Founded in 1960, the mission of Camp McDougall is to enrich the lives of campers by providing quality outdoor recreational programming that promotes positive self-esteem, acceptance, and friendship, in a safe and inclusive Christian community.

www.campmcdougall.com

HOME OF THE BOG!!

Mailing Address

Box 22068, Cambrian PO

Sault Ste Marie, ON P6B 0E9

Camp #: 705-842-2524



**CANADIAN SHIELD
REGIONAL COUNCIL**
The United Church of Canada



2023 REGISTRATION FORM

Complete registration forms and mail or email to reserve your camper's spot to: campmcdougall@gmail.com

Camper's Name: _____

Gender: _____ DOB (m/d/y) _____, _____, _____ Age _____

Camp Week _____ Camp Date _____

Address _____ Town _____

Prov _____ Postal Code _____

Phone _____ Cell _____

E-mail (mandatory) _____

Cabin-Mate Request _____

Parent/Guardian Info:

Contact 1 _____ Phone/Cell _____

Work # _____ Relationship to camper _____

Contact 2 _____ Phone/Cell _____

Work # _____ Relationship to camper _____

Names of people with permission to pick up camper, other than parents:

1. _____ 2. _____

How did you hear about us?

☐ family member ☐ friends ☐ newspaper ads ☐ radio ☐ website

☐ school ☐ road side sign ☐ I'm a returning camper

☐ other (please specify) _____

HEALTH INFORMATION:

Camper's Name _____ OHIP # _____

Doctor's Name _____ Phone # _____

Health Ins. Co. & # (if applicable): _____

Please check any health challenges this camper may have: ☐ ADD/ADHD ☐ Asthma

☐ Down Syndrome ☐ Epilepsy ☐ Motion Sickness ☐ Behaviour ☐ Bed Wetting ☐

Diabetes ☐ Heart Condition ☐ Homesickness ☐ Other _____

Allergy Information:

☐ Insects ☐ Food ☐ Penicillin ☐ Other Details _____

☐ Does your child have an epi-pen? **If yes, your child MUST bring 2 to camp.**
(one kept by camp & one kept by camper)

If your child's food allergies cannot be accommodated, you will be notified.

Dietary concerns: Camp accommodates medically-related dietary needs. Lifestyle dietary choices that require individual menu preparation 'cannot' be accommodated.

Immunization History: Up to date? ☐ yes ☐ no

Date of last Tetanus Toxoid Booster _____, _____, _____

Can camper participate fully in the program? ☐ yes ☐ no.

If not, please explain on a separate sheet of paper.

Does the camper receive Resource/Special Ed assistance in school? ☐ yes ☐ no

If yes, please describe: _____

List ALL medications being brought to camp **Med Name/Dosage/Frequency/Times**

All medications are to be kept by our staff, with the exception of inhalers which may be kept on a camper's person. For medication that are administered by injection, the camper must be able to self-administer with supervision.

***ALL MEDICATION MUST BE IN ORIGINAL PHARMACY CONTAINERS!**

Over the counter Meds: Campers are discouraged from bringing over-the-counter meds (i.e.: Tylenol, Gravel, cold meds) The camp is well stocked and OTC Meds can be administered if needed.

CAMPERS MUST BE LICE/EGGS/NITS-FREE BEFORE they Are ALLOWED INTO CAMP! Campers are checked for lice at the beginning of each camp session during registration.

Consent to Treatment:

1. To the best of my knowledge, my child is in good health & has not been exposed to any serious and/or infectious disease, including lice, in the past 4 weeks. If he/she becomes exposed to any serious/infectious disease between now & the time of departure for camp, I understand that camp must be notified.
2. I authorize staff at CM to provide medical attention to my child, if needed. I agree to accept financial responsibility for any medical expenses in excess of the benefits allowed by Prov. Health and/or other insurance plans where:
 - a.) the health & well-being of the child is involved;
 - b.) the medical advice has been such that further service is required, services that require the consent of the parent/guardian;
 - c.) where all attempts to contact the parents/guardians have failed, or where, due to the nature of the emergency, there is insufficient time to contact such parent/guardian, it shall be at the discretion of the Camp Director as to what steps are taken for the welfare & safety of the applicant.
3. Thessalon Hospital is our primary emergency provider.
4. In the case of surgical emergency & we are not available for consultation, I hereby give permission to the physician selected by the Camp Director or Designate to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery for my child as named above.
5. I hereby give permission for Camp McDougall's Health Personnel to administer over-the-counter medication in case of minor injury and/or illness during by my child's stay at camp. I also give permission to camp staff to provide Standard First Aid to my child as appropriate.
6. I give permission for Epinephrine to be administered as ordered by a physician to my child in case of anaphylactic (serious allergic) reaction.
7. I agree that all information given on the form is complete and accurate. **I have read understood and accept the consent to treatment as stated above. The information I have provided is true & accurate.**

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____