

**Campanoe Challenge**  
19 Ellison Cres  
Regina, Sask.  
S4R 4V4

campanoechallenge@gmail.com



## GROUP REGISTRATION FORM

Group Name/ Number \_\_\_\_\_

Group Contact Name & Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Contact Name and Number of Leader attending Camp \_\_\_\_\_

|             | Number of Youth<br>And Leaders | Prices   | Total Costs |
|-------------|--------------------------------|----------|-------------|
| Frog Patrol | _____                          | \$200.00 | _____       |
| Cub Program | _____                          | \$260.00 | _____       |
| Tenderfoot  | _____                          | \$260.00 | _____       |
| First Year  | _____                          | \$260.00 | _____       |
| Second Year | _____                          | \$280.00 | _____       |
| Third Year  | _____                          | \$315.00 | _____       |
| Fourth Year | _____                          | \$315.00 | _____       |
|             |                                |          | Total       |

**Note: A \$25 late fee will be applied to all registrations sent after June 1st.**  
Please ensure that all participants attending camp have filled out the current year's registration forms and that three copies per participant are supplied to the camp administration.

**PLEASE SEND FORMS AND PAYMENT BY JUNE 1<sup>ST</sup> TO THE ADDRESS ABOVE**



## PROGRAM PARTICIPANT ENROLMENT FORM

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### SCOUT GROUP

Beaver Scout (5-7)  Cub Scout (8-10)  Scout (11-14)  Venturer Scout (15-17)  Rover Scout (18-26)  
 Other: \_\_\_\_\_  
 Previous Years attending Campanoe \_\_\_\_\_

### MEMBER INFORMATION:

First Name\*: \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth (mm/dd/yyyy)\*: \_\_\_\_\_  
Gender\*:  Male  Female  
Evening Phone\*: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Email\*: \_\_\_\_\_  
Street Address\*: \_\_\_\_\_ City\*: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code\*: \_\_\_\_\_

Are you registered with Scouts Canada  Yes  No Membership Number \_\_\_\_\_

Are there any family circumstances, cultural or faith requirements of which the Scouter should be aware?  Yes  No  
If yes, please provide details.\*

### PARENT/GUARDIAN INFORMATION: (provide at least one parent/guardian and address if different than above)

First Name\*: \_\_\_\_\_ Last Name\*: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Other Phone: \_\_\_\_\_  
Email\*\*: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### ALTERNATE EMERGENCY CONTACT

Provide at least one

Emergency Contact 1:

Last Name\*:

First Name\*:

Daytime Phone\*:

Evening Phone\*:

Relationship to member:

Emergency Contact 2:

Last Name:

First Name:

Daytime Phone:

Evening Phone:

Relationship to member:

Emergency Contact 3:

Last Name:

First Name:

Daytime Phone:

Evening Phone:

Relationship to member:

Member Last Name:

Member First Name:

## INFORMATION FOR MEDICAL EMERGENCIES:

Provincial/Territorial Health Care Number: \_\_\_\_\_

Insurance Coverage Held (Voluntary in some provinces and territories)\*:  Yes  No

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Does the participant have any  
allergies?\*  Yes  No

If yes, provide details below indicating severity (mild, severe, life threatening, etc)

Does the participant require special care, medication or diet?\* Yes  No  If yes, please provide details below\*:Please include any dietary restrictions or beliefs (vegan, allergies, etc.)  
-  
-

Date of last tetanus shot (Month and Year): \_\_\_\_\_

Swimming Abilities:  Non Swimmer  Swimmer**PHOTO RELEASE, FUNDRAISING AND COMMUNICATIONS CONSENT:\***

Throughout the Scouting year, leaders, parents and Scouts Canada employees take photos and video of youth participating in Scouting activities. These photos are typically kept in Group photo albums and displayed on Group web sites. Some are also submitted to local newspapers and to Scouts Canada's Communications Services where they are often used in Scouts Canada publications and promotional materials.

Tick this box if you DO NOT consent to the use of images of yourself and/or your son/daughter/ward as indicated above.\*

Parent Name: \_\_\_\_\_

(please print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

RESET

# SCOUTS CANADA

## PARENT/GUARDIAN CONSENT FORM

FOR CATEGORY THREE ACTIVITIES AND OUT OF COUNTRY TRAVEL  
(Scouters: this is to be filed with Camping/Outdoor Activity Application)

**NOTE: IF APPLICANT IS UNDER 18, PARENT OR GUARDIAN MUST SIGN**

Youth's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Parent/Guardian Email: \_\_\_\_\_

**RESIDENTS OF ALL PROVINCES/TERRITORIES EXCEPT QUEBEC:**

Experience has shown that in connection with Scouting activities there are times when illness or 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 necessity of my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised.

**RESIDENTS OF QUEBEC:**

Experience has shown that in connection with Scouting activities there are times when illness or 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 by the quickest means possible if this authority is exercised.

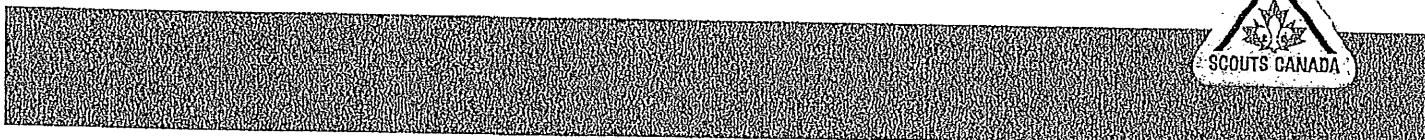
**IF YOU WILL BE ABSENT FROM YOUR NORMAL PLACE OF RESIDENCE DURING THE PERIOD WHEN THE EVENT IS BEING HELD, PLEASE INDICATE HOW YOU CAN BE CONTACTED:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
OR  I will attend the event/activity 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 activity, hereby give my permission for my child/ward to attend and participate in:

- the following event/activity: \_\_\_\_\_
- at the following location: \_\_\_\_\_
- with the following Scouter in charge: \_\_\_\_\_
- on the following date: \_\_\_\_\_



Please provide any important medical information or food allergies below:

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

Signed, Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OUT-OF-COUNTRY TRAVEL

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

Signed, Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

1. Signed before me, \_\_\_\_\_ (name of witness), this \_\_\_\_\_ (date)  
by, \_\_\_\_\_ (parent/guardian's name) at \_\_\_\_\_ (name of location).

Witness Signature: \_\_\_\_\_

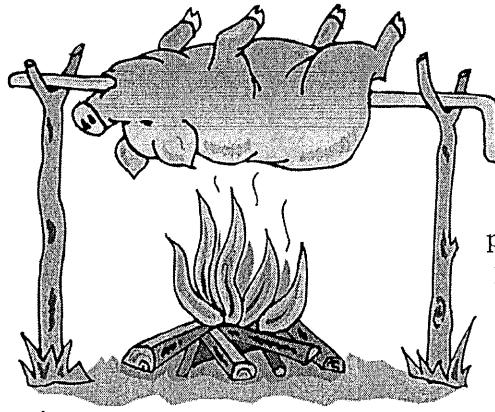
Signed, Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

2. Signed before me, \_\_\_\_\_ (name of witness), this \_\_\_\_\_ (date)  
by, \_\_\_\_\_ (parent/guardian's name) at \_\_\_\_\_ (name of location).

Witness Signature: \_\_\_\_\_



# Campanoe Challenge Bar-B-Que Return Form



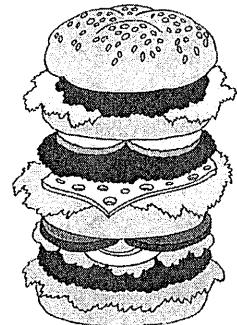
We invite all parents and family members of those attending camp to our annual family BBQ on Saturday August 1, 2026. This is a chance for participants of the camp to show their families around camp and give a glimpse at what they have been doing over the past 8 days. The day starts at 1:00PM when the Obstacle Course takes place. This is when the first year participants run a grueling course created by the 2<sup>nd</sup> year participants.

using weapons created by the 1<sup>st</sup> year, Cubs and Tenderfeet throughout the week. We have a safe zone, but some balloons have unintentionally or otherwise gone amuck and some innocents have been known to get splashed. For safety bring a raincoat or even a garbage bag will suffice.

The lowering of the flag takes place on this evening at 8:30PM, and immediately following, everyone is invited to the ceremonial campfire. Don't forget to bring a lawn chair and a blanket. The evenings can get cool.

Scouts Own is Sunday morning at 8:30 a.m. All guests are encouraged to attend. The official closing will be on Sunday morning, August 2nd, 2026. The participants will not be allowed to leave camp before official closing, unless special arrangements are made with the Camp Administrator. Campanoe Challenge is a strong supporter of the term "Leave nothing behind but thanks". Therefore, participants in the 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4th year, Tenderfoot and Cub programs are not allowed to leave until their campsite is checked and they are cleared to leave by a designated camp official.

**Please be advised that as per Scouts Canada Bylaws, Policies and Procedures, pets are not allowed on Scouts Canada Property.**



So that we know how much  
send it along with the



food to prepare, please fill out this form and  
youth attending camp.

## BARBECUE ATTENDEES

Number of guests over the age of 12 at \$5.00 per person \_\_\_\_\_

Number of children 12 and under at \$3.00 per person \_\_\_\_\_  
(Children 2 and under - no charge)

Total number attending \_\_\_\_\_

Diet Restrictions (Vegan, Gluten Free, etc) \_\_\_\_\_

Family Name \_\_\_\_\_

**Fees for the barbecue are payable upon your arrival at the Family Barbecue.  
Do not send money for the Barbecue with your youth to camp.**