



Junior High Retreat

Grades 6-8

June 9th-11th, 2017

Cost: \$100 for campers, \$90 for leaders
Cairn Family of Camps, Baysville ON

Are you in Grades 6-8?

Do you want to spend a fun and adventurous weekend away at camp?

Do you want to meet new friends?

Do you want to learn more about God and yourself?

Cairn Family of Camps is hosting our annual spring Junior High Retreat! Young people will enjoy a weekend of recreation, faith building, new friends, singing, crafts, fun and adventure.

We request that if your congregation is sending young people, to please also send adults to provide supervision at a ratio of 1:6. If your youth group has both males and females attending, we ask that you provide leaders of both sexes to comply with Leading with Care.

For more information and to confirm your registration, please contact Robynne or Bridget at **705-767-3300** or email **mapes@ilovecamp.org**.

The registration deadline is June 4th, 2017.





Junior High Retreat

- things you need to know -

WHAT TO BRING:

Bible - Flashlight - Rain Gear - Running Shoes - Comfortable Clothes - Hat - Sleeping bag/sheets - Pillow - Towels - Soap/Toiletries - Swim Suit - Sunscreen - Bug Spray - Bug jacket

THINGS NOT TO BRING:

Electronic Equipment (cell phones, iPods, etc.) - Food (we want to avoid animals coming into your cabin!) - Valuables

DIRECTIONS:

Cairn is situated in Baysville, in the Muskokas, approximately 20km east of Bracebridge, south of Huntsville and west of Dorset.

From the Toronto area: Take Highway 400 North to Barrie. This becomes Highway 11. Continue north just past Bracebridge. Take the 117 exit to Baysville. Cairn is located 5 km east of Baysville, on the south side, #3200 Hwy 117. Our driveway is immediately after the Bayview Rd. sign.

From the Peterborough area: Take Highway 35 North to Dorset. Turn left onto 117. Cairn is located approximately 20 km west, on the south side, #3200 Hwy 117. Our driveway is 0.5 kilometres after the Bayview Rd. sign.

SUPERVISION:

Each congregation that is sending young people to this retreat must also send an adult at a ratio of 1:6. These adults will provide general supervision during the weekend and will be sleeping in cabins with the young people. If your youth group has both males and females attending, we ask that you provide leaders of both sexes to comply with Leading with Care. Cost for adults is \$90 and adults must also complete the registration and authorization form.

DROP-OFF / PICK-UP INFORMATION:

On-site registration will begin at 7:00 pm on June 9th, with program beginning at 8 p.m. Program will end Sunday after lunch at 2pm.

REGISTRATION DEADLINE: June 4, 2017

FOR MORE INFORMATION

Contact Cairn at 705-767-3300, or Robynne "Mapes" Howard at mapes@ilovecamp.org or visit www.ilovecamp.org.

COMPLETED FORMS AND CHEQUES ARE TO BE BROUGHT TO CAMP AND GIVEN DIRECTLY TO OUR ADMINISTRATOR DURING REGISTRATION

Cheques should be made out to: CAIRN



Junior High Retreat - CAMPER Health and Safety Form

The Cairn Family of Camps is committed to delivering unique and exciting learning experiences that lead to positive growth and development in all individuals, groups, organizations and communities. Because of the physical nature of our programs, and because most programs take place in the outdoors, all participants are required to provide accurate health and medical information. In cases where there is some concern about one's ability to participate for health reasons, a medical examination by a physician may be advisable. Please note that The Cairn Family of Camps is not liable for any costs incurred during such an examination. All health information will be held in the strictest confidence and not given to a third party.

Please complete all sections:

Name of Group _____ Dates of Program _____
 Name of Participant _____ Date of Birth _____
 Home Address _____ City _____
 Postal Code _____ Phone # (home) _____

Email address _____ OHIP # _____

Emergency Contact Name: _____ Relationship _____
 Home Address: _____ City: _____
 Postal Code _____
 Phone # (daytime) _____ (evening) _____

Please list any disabilities, special needs, recent injuries, illnesses or operations and any subsequent limitations

	Epipen Required?	
	YES	NO
Please list any medications, prescribed or otherwise, currently being taken	<input type="checkbox"/>	<input type="checkbox"/>

_____	<input type="checkbox"/>	<input type="checkbox"/>
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Please list any allergic reactions to medications, food or environmental factors:

Allergy	Reaction	Treatment	YES	NO
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

_____	_____	_____		
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_____	_____	_____		
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_____	_____	_____		
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NOTE: Please remember to bring your own Epipen(s) if required.

Please detail any dietary restrictions, including specific food allergies:



Authorization For Seeking Treatment of Minors

In the event of accident or apparent illness, I irrevocably authorize The Cairn staff to secure emergency medical services and treatment for this participant if, in their judgment, such services or treatment are necessary. I understand that in the event of a medical emergency every effort will be made to contact parents or guardians.

Participant
Initials
Eg. CJ

Parent/Guardian _____

Signature _____

Date _____

CARRIER ASSUMPTION OF RISK & PARENT AUTHORIZATION FORM:

In registering and permitting my child to attend the Junior High Retreat from June 9-11, 2017 at Cairn Family of Camps, I, the undersigned parent, guardian or other duly authorized party, hereby agree as follows

I accept the fact that neither the Cairn Family of Camps nor its staff can guarantee my child's total safety because some risks are beyond their control.

My child will follow all instructions given by the staff and to act safely and responsibly at all times.

My child is sufficiently fit (socially, mentally, physically) to participate in this program.

The Health & Safety Form for my child has been filled out with information that is accurate, complete and true to the best of my knowledge.

I understand that the Cairn Family of Camps is an alcohol free, drug free & tobacco free site.

I agree to notify the Cairn Family of Camps of changes to the health and fitness that occur prior to the program / during the program.

I fully comprehend and willingly assume the risks and responsibilities of participation in this program.

I understand that the Cairn Family of Camps is not responsible for loss or theft of belongings or money.

I understand that Cairn Family of Camps will not tolerate any violence by campers, volunteers or our own staff. Any offenders will be sent home immediately.

I understand that Cairn Family of Camps reserves the right to cancel my child's participation in the Junior High Retreat if his/her behaviour is deemed unmanageable or dangerous to him/herself, other campers, or staff members of Cairn.

The Cairn Family of Camps reserves the right to use photo or video images of campers for advertising purposes unless otherwise instructed. I consent to the collection and storage of



information about my children or my family.

I understand that this information will be kept only in compliance with Cairn Family of Camps' strict Privacy Policy – a copy of which can be obtained by calling the camp or by viewing it on the Cairn website at <http://ilovecamp.org/>

I/ we have read the above information, and agree to the terms of the Assumption of Risk.

Parent's/Guardian's Signature: _____ **Date:** _____

Relation to Camper: _____

Junior High Retreat - Adult / Leader Health and Safety Form

Please complete all sections:

Name of Group	_____	Dates of Program	_____
Name of Participant	_____	Date of Birth	_____
Home Address	_____	City	_____
Postal Code	_____	Phone # (home)	_____
Email address	_____	OHIP #	_____
Emergency Contact Name:	_____	Relationship	_____
Home Address:	_____	City:	_____
Postal Code	_____		
Phone # (daytime)	_____	(evening)	_____

Epipen Required?	
YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Please list any disabilities, special needs, recent injuries, illnesses or operations and any subsequent limitations

Please list any medications, prescribed or otherwise, currently being taken

Please list any allergic reactions to medications, food or environmental factors:

Allergy	Reaction	Treatment
_____	_____	_____
_____	_____	_____

NOTE: Please remember to bring your own EpiPen(s) if required.

Please detail any dietary restrictions, including specific food allergies:

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Signature _____ **Date** _____

CHURCH SPONSORSHIP:

In order to participate in the Junior High Event with your young people, your congregation must offer their support of you. Please have your minister, or clerk of session complete the following section:

_____ (name of volunteer) is active within the congregation of _____ . They will be attending the Junior High Retreat at Cairn with young people from our congregation. I have no concerns about _____ (name of adult volunteer) participating in the event and providing supervision for the young people that are attending this event.

Name of minister/clerk of session: _____ **Date:** _____

Signature: _____



LEADER ASSUMPTION OF RISK FORM

Participants (and parent/guardian if under 18) must read and initial all of the following statements:

- I accept the fact that neither the Cairn Family of Camps nor its staff can guarantee my total safety because some risks are beyond their control.
- I will follow all instructions given by the staff and to act safely and responsibly at all times.
- I am sufficiently fit (socially, mentally, physically) to participate in this program.
- The Health & Safety Form has been filled out with information that is accurate, complete and true to the best of my knowledge.
- I understand that the Cairn Family of Camps is an alcohol free, drug free & tobacco free site.
- I agree to notify the Cairn Family of Camps of changes to the health and fitness that occur prior to the program / during the program.
- I fully comprehend and willingly assume the risks and responsibilities of participation in this program.
- I understand that the Cairn Family of Camps is not responsible for loss or theft of belongings or money.
- I understand that Cairn Family of Camps will not tolerate any violence by campers, volunteers, or our own staff. Any offenders will be sent home immediately.
- The Cairn Family of Camps reserves the right to use photo or video images of campers for advertising purposes unless otherwise instructed. I consent to the collection and storage of information about my children or my family. I understand that this information will be kept only in compliance with Cairn Family of Camps' strict Privacy Policy – a copy of which can be obtained by calling the camp or by viewing it on the Cairn website at <http://ilovecamp.org/>

I have read the above information, and agree to the terms of the Assumption of Risk and Responsibility.

Signature: _____

Date: _____