



# Senior High Retreat 2017

## Campers age 13+

September 15th-17th, 2017

**Cost: \$100+HST for campers, \$90+HST for leaders**  
Baysville, ON

*Ready to spend a fun and adventurous weekend  
away at camp?*

*Ready to meet new friends?*

*Ready to learn more about God and yourself?*

The Cairn Family of Camps is hosting a Senior High Retreat at the Glen Mhor site. Young people will enjoy a weekend of recreation, faith building, new friends, singing, activities, great food, fun and adventure.

For more information contact **Cairn** at **705-767-3300** or visit [www.ilovecamp.org](http://www.ilovecamp.org) to register online.



# Senior High Retreat

- things you need to know -

## THINGS TO BRING:

- Comfortable clothes that are appropriate for the weather
- Hat
- Rain Gear
- Running Shoes (or other closed toe shoes with backs)
- Sleeping bag/sheets
- Extra blanket (it's chilly at night!)
- Warm pyjamas
- Pillow
- Towels
- Soap/Toiletries
- Swim Suit (for the brave!)
- Sunscreen
- Flashlight
- Bible (optional)
- Completed forms (included in this package)

## THINGS NOT TO BRING:

- Electronic Equipment (cell phones, ipods, tablets, etc.)
- Hair dryers, straighteners, etc.
- Food (critters like to come and eat food left in cabins)
- Anything valuable

**PAYMENT INFORMATION:** Payment can be made by VISA or Mater Card, Email money transfer or cheque. Cheques should be made out to: CAIRN. For help with payment, please contact our administrator, Bridget at 705-767-3300, or via email at [admin@ilovecamp.org](mailto:admin@ilovecamp.org).

**FORMS:** If you choose to register online, all forms will be provided online at [carin.campbrainregistration.com](http://carin.campbrainregistration.com). If you complete the paper registration, please complete the included health & safety form and assumption of risk form. Note that there is one set of forms for campers and one set for leaders; please only complete the forms that relate to you/your camper. Forms must be handed in directly to the administrator upon arrival at the retreat. Mailing forms ahead of time is not necessary, however, **if your camper has special dietary needs we will require that information ahead of time**. Please call or email with dietary concerns: 705-767-3300 or [admin@ilovecamp.org](mailto:admin@ilovecamp.org).

## DROP-OFF / PICK-UP INFORMATION:

On-site registration will begin at 7:00 pm on Friday, September 15th, with program beginning at 8pm. The retreat will end Sunday, September 17th after lunch at 2pm.

**DIRECTIONS:**

The Glen Mhor site is situated in Muskoka, approximately 20 km 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 exit to Hwy 117, going 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 Hwy 117. Cairn is located approximately 20km west, on the south side, #3200 Hwy 117. Our driveway is 0.5 kilometres after the Bayview Rd. sign.

**FOR MORE INFORMATION:**

Contact Cairn at 705.767.3300, or Robynne "Mapes" Howard at [mapes@ilovecamp.org](mailto:mapes@ilovecamp.org) or visit [www.ilovecamp.org](http://www.ilovecamp.org) to register online.

**COMPLETED FORMS ARE TO BE BROUGHT TO CAMP AND GIVEN DIRECTLY TO OUR ADMINISTRATOR DURING REGISTRATION.** Mailing forms ahead of time is not necessary **unless your camper has major dietary concerns.**

## Senior 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 (if applicable) \_\_\_\_\_ 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

\_\_\_\_\_

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

\_\_\_\_\_

Please list any allergic reactions to medications, food or environmental factors:			<b>Epipen Required?</b>	
Allergy	Reaction	Treatment	YES	NO
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

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

Please describe any previous emergency treatment (injection, doctor, emergency room, hospital) in detail:

\_\_\_\_\_

\_\_\_\_\_

### 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.

Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_  
 Date \_\_\_\_\_

**ASSUMPTION OF RISK & PARENT AUTHORIZATION FORM (form must be completed!):**

In registering and permitting my child to attend the Sr. High Retreat from Sept. 19th-21st, 2014 at Cairn Family of Camps, I, the undersigned parent, guardian or other duly authorized party, hereby agree as follows:

- | Participant<br>Initials  | Parent<br>Initials       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 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.   |
| <input type="checkbox"/> | <input type="checkbox"/> | My child will follow all instructions given by the staff and to act safely and responsibly at all times.  |
| <input type="checkbox"/> | <input type="checkbox"/> | My child is sufficiently fit (socially, mentally, physically) to participate in this program.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 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.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that the Cairn Family of Camps and is an alcohol free, drug free & tobacco free environment.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 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.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I fully comprehend and willingly assume the risks and responsibilities of participation in this program.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that the Cairn Family of Camps is not responsible for loss or theft of belongings or money.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 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.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that Cairn Family of Camps reserves the right to cancel my child's participation in the Senior High Retreat if his/her behaviour is deemed unmanageable or dangerous to him/herself, other campers, or staff members of Cairn. |
| <input type="checkbox"/> | <input type="checkbox"/> | Photo Release: I give permission for photographs or video of me (or my child) to be used by The Cairn Family of Camps for promotional purposes.   |

**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:** \_\_\_\_\_

# Senior High Retreat - Leader Registration Form

\*only applicable if you are a youth leader accompanying your youth group

## 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

\_\_\_\_\_

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 describe any previous emergency treatment (injection, doctor, emergency room, hospital) in detail:

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## CHURCH SPONSORSHIP:

In order to participate in the Senior High Retreat 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 \_\_\_\_\_  
\_\_\_\_\_. He/She will be attending the Senior High Retreat from September 19th-21st, 2014 at Cairn with young people from our congregation. \_\_\_\_\_ (name of adult volunteer) has a police check through our church and I have no concerns with him/her participating in the event and providing supervision for the young people that are attending.

Name of minister/clerk of session: \_\_\_\_\_

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

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

## **ASSUMPTION OF RISK**

Leader participants 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.
- Photo Release: I give permission for photographs or video of me to be used by The Cairn Family of Camps for promotional purposes.

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_