

# "Surviving the Challenge"



## Vancouver Island's 4-H Intermediate Camp for 13, 14 & 15 year olds

If you would like to...

- Meet 13, 14 and 15 year old members from all over Vancouver Island
- Experience the largest adventure lodge and outdoor education center in Canada where you could experience some of the following:
  - Hiking, rock climbing, kayaking, canoeing, high and low rope courses, and zip line.
- Have fun and make new friends while developing leadership skills through teamwork, delegation and cooperation in a variety of challenges.

## THEN READ ON!

**When?** March 26-29<sup>th</sup>, 2020 (during Spring Break).

**Where?** At the Strathcona Park Lodge & Outdoor Education Centre  
Facilities include: hostel style accommodation with washroom, shower, beds and mattresses (just bring a sleeping bag and towel).  
Bus transportation will be provided from Nanaimo, Parksville, and Comox Valley. Pick up and drop off times will be finalized after registration. Delegates will be notified in their acceptance package.

***TRANSPORTATION TO AND FROM PICK UP AND DROP OFF POINTS  
ARE THE PARENT OR GUARDIAN'S RESPONSIBILITY!***

**Who Can Apply?**

You must be a returning 4-H member in the year of application.  
You must be 13, 14 or 15 years old in 4-H years.  
You have achieved in the 4-H year prior to the year of application.  
You must be committed to participating in all aspects of the program.

**Selection:**

**Based on a first come, first served basis. Complete applications will be processed in the order that they are received.**

**Registration:** Cheque or money order only payable to: **Surviving the Challenge**  
Registration fee of \$200.00 includes meals, transportation from pick-up points, accommodation, T-shirt, and equipment use.

*Note: Fee is based on generous donations from various sponsors. Full or partial reimbursement may be available from your clubs & districts. Talk to your leaders for more information.*

# Registration:

## Please be sure your application includes:

- Registration fee \$200 - Non-selected applicants will have their fee returned; non-refundable after applicant has been accepted to the program.
- 4-H Program Member/Parent release form – signed by parent and member
- Strathcona Park Lodge & Outdoor Education Centre Medical Form – 2 pages, 2 signatures, two initials from parent and applicant.
- Strathcona Park Lodge – Youth Consent Form.
- Applicants photo (used only for program promotion and for delegate “get acquainted” poster)

*Parents should keep these pages for contact information.*

**!! DEADLINE !!**

**January 31<sup>st</sup>, 2020**

Katherine Jolivet  
860 Bardsey Lane, Saanichton, BC, Canada  
V8M 1S4

**RETURN TO:**

V8M 1S4

**For more info:**

Phone: 250-388-0298 or Email: [kongn@telus.net](mailto:kongn@telus.net)

Upon acceptance, information package will follow.

Note: January 31<sup>st</sup> is a **strict** deadline. Please consider time for mailing in your applications.

4-H SADD rules and Code of Conduct apply at all 4-H events and camps.

See the 4-H Member Handbook for details.



**CANADA**  
4-H British Columbia

# "Surviving the Challenge"

***Vancouver Island's 4-H Intermediate Camp for 13, 14 & 15 year olds.***

***Please complete the following forms to register.***

***Once complete take the forms, waivers, payment, envelope and postage to your 4-H leader for comments. Ask them to make comments and post the registration allowing enough time for arrival by due date.***

## **Application Form**

***Deadline: January 31<sup>st</sup>, 2020***

(Information must be in member's own printing)

**Pen only please and SINGLE SIDED – as pages are divided.**

Name:

Birthdate:

Address:

4-H Age:

City:

M  F

Telephone Number: (       )

Postal Code

Email Address:

T-Shirt Size (Adult) Circle One: S M L XL XXL

4-H Club

4-H District

Project(s)

Events Previously Attended:

Junior Camp \_\_\_\_\_ Surviving the Challenge \_\_\_\_\_ Youth Action \_\_\_\_\_ Food For Thought \_\_\_\_\_

Dietary Requirements:

Club activities completed in 4-H (Communications, Fundraisers, Events, etc.):

District activities completed in 4-H:

Regional activities completed in 4-H:

During my involvement my favourite experience has been (and why):

Page 2:

Member's Evaluation: I feel I can benefit from my attending this camp because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Interests or activities outside of 4-H: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Share some ideas you think would help to make a camp successful: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I feel you should choose me to attend this 4-H leadership camp because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I agree to participate in all aspects of camp to my fullest capabilities. I understand the SADD rules and agree to abide by them.

\*Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Leader's Comments: (for selection committee use only)

\_\_\_\_\_ I recommend, \_\_\_\_\_ do not recommend, \_\_\_\_\_ am doubtful in recommending

The above applicant to attend "Surviving the Challenge Intermediate Camp" \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Specific comments on member's ability to fit into a discussion group, leadership skills, maturity away from home, etc., are welcome.) Comments will be accepted on separate sheet.

\_\_\_\_\_  
\_\_\_\_\_

\* 4-H Leader's Signature

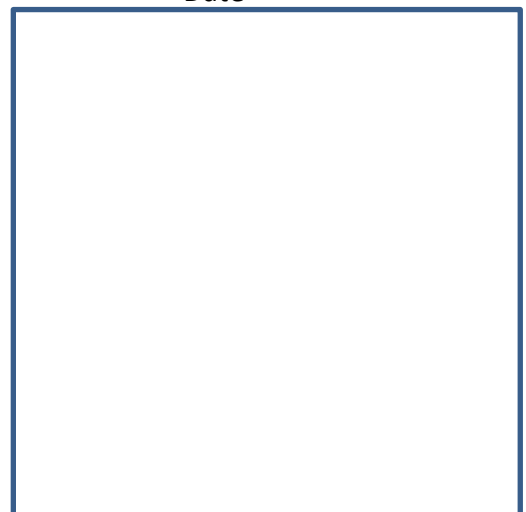
Date

**Leaders, please double check before sending:**

- Photo       Cheque
- 4-H Program Member-Parent Release Form
- Strathcona Lodge Medical Form
- Strathcona Lodge Acknowledgement of Risk

*Incomplete forms may result in disqualification of applicant.*

*Attach photo at right:*





## MEMBER – PARENT RELEASE FORM

### POLICY:

The 4-H Member-Parent Release Form must be completed by the enrolled 4-H members in the British Columbia 4-H Program annually at the time of enrolment (and once every twelve months), as a condition of 4-H membership. Also recommended, but not required for enrolled 4-H Leaders is Medical History A. –G. and Medical Treatment Release Form sections.

The 4-H Member-Parent Release Form covers:

1. ALL 4-H Program activities including 4-H club, inter-club, district, regional and provincial 4-H programs, both in-province and out of province.
2. ALL 4-H Events including third party 4-H Events with a 4-H Event Memo of Understanding signed with the B.C. 4-H Provincial Council.
3. ANY and ALL other 4-H activities, events or programs.

### REASON:

It is important for everyone in the 4-H community to appreciate the reasons for this required policy and process, namely:

1. 4-H Leader awareness of information
2. The need to be prepared for a medical emergency
3. Complimentary to 4-H Farm Safety Program

### PROCESS:

1. 4-H member's parent(s) or guardian is required to complete 4-H #135 annually at time of 4-H club enrolment. Any significant new/updated medical history information should be added at any time of the year.
2. 4-H Club "A" Leaders (or designate) are required to maintain a complete and up-to-date file of all 4-H Member-Parent Release Forms of Club members.
3. 4-H Leader/Volunteer/ or designated person in charge of each particular 4-H activity to have, on site and readily available, a copy of 4-H Member-Parent Release Form for those 4-H members they are responsible for, and have a basic understanding and awareness of any significant medical history of any member.
4. 4-H Member-Parent Release Forms may be photocopied or a blank form re-completed when it is required to accompany a district, regional, or provincial 4-H application form, e.g. Provincial 4-H Club Week.
5. 4-H Events may develop additional protocol and processes to ensure that they have a copy of 4-H Member-Parent Release Forms for 4-H members participating in their 4-H Events. Onus remains with the 4-H Leader/ Volunteer/ Chaperone etc., to also have their own copy on site for their own 4-H members.
6. 4-H Clubs/Districts may develop any additional complimentary guidelines to upgrade the above policy and process, but may not take away from it.



# MEMBER – PARENT RELEASE FORM

I, (parent name) \_\_\_\_\_ am the (parent/guardian) of (4-H member) \_\_\_\_\_  
\_\_\_\_\_ and certify that he/she has my permission to participate in the 4-H program/opportunity as a  
member of (club name) \_\_\_\_\_

The staff and volunteers of the 4-H program provide the best educational program possible. However, the success of the program is equally dependent on the 4-H member assuming mature, responsible and safe behaviour while in attendance. The standards of behaviour include the following rules:

1. Possession or use of alcoholic and/or illegal drugs is absolutely prohibited.
2. No 4-H member may leave the grounds without permission of a 4-H program staff member/leader/chaperone.
3. Co-ed visiting during non-designated times is not permitted.
4. Members are expected to behave at all times in a manner consistent with the educational purposes of the program.
5. The program is not without risk and members, in dealing with livestock or otherwise, are expected at all times to follow instructions, and to carry on in a safe manner.
6. Pre-arranged travel plans to and from the 4-H program/opportunity must be adhered to unless alternate arrangements have been authorized.

**THOSE 4-H MEMBERS WHO DO NOT MAINTAIN THESE STANDARDS SHALL FORFEIT THE PRIVILEGE OF ATTENDING THIS 4-H OPPORTUNITY/PROGRAM AND RETURN HOME AT THEIR OWN COST, AND BE CHARGED IN FULL FOR THEIR PORTION OF ROOM AND BOARD.**

I agree that the participation of (member's name) \_\_\_\_\_ is entirely at his/her own risk. This program/opportunity is of a strenuous nature both physically and mentally and it is in the interest of the member's well being that the following information is being requested.

Legal name of member: \_\_\_\_\_  
Surname First Middle

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month/day/year

In Emergency notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Member's Health Care Number: \_\_\_\_\_

Other Hospital Insurance: \_\_\_\_\_

## MEDICAL HISTORY

PLEASE CIRCLE EITHER YES OR NO TO INDICATE MEDICAL CONDITION

A. Is the member's immunizations up to date? Yes No If no, state reason: \_\_\_\_\_

When was member's last tetanus inoculation? \_\_\_\_\_

B. Is there a history of any of the following: asthma fainting spells convulsions heart problems diabetes

epilepsy lung problems any other problems, please explain: \_\_\_\_\_

C. Does the member have any allergies? Yes No

Name all allergies (e.g medications/foods/plants/animals/environmental etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_





# Strathcona Park Lodge – Youth Consent Form

## ACKNOWLEDGEMENT OF RISK AND INFORMED CONSENT

To be completed for participants under the age of 19.

This *Acknowledgment of Risk and Informed Consent* form is an agreement between the custodial parent/guardian of the youth participant named below, the youth participant and Strathcona Park Lodge Ltd. (SPL). The intent of this form is to inform you of the activities and expectations of our programs so that the choice to participate in any SPL program is made freely and with understanding of the associated benefits, risks and responsibilities. Please discuss this with your child and have them initial and sign with you to show that they choose to participate.

**This is not a waiver and signing this form DOES NOT waive your child’s legal rights.**

**PARTICIPANT’S NAME:** \_\_\_\_\_

### BENEFITS & RISKS

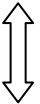
The activities offered at Strathcona Park Lodge are designed to pose appropriate challenges for participants. The enjoyment and educational benefit derived from outdoor activities is, in part, a result of risks inherent in these activities. The benefits of participation include developing self-confidence, leadership, teamwork and interpersonal skills, exposure to outdoor recreation activities, and nature education. While SPL strives to manage risk, it is neither possible nor desirable to eliminate all risk.

- SPL offers outdoor activities which include, but are not limited to: whitewater, flat water and ocean canoeing and kayaking; high and low ropes courses; zip lines; rock climbing; tree climbing; hiking; nature study; snow shoeing; caving; mountaineering; swimming; motor boating; sailing; backcountry camping, use of camp stoves and campfires; mountain biking; instructional courses; transportation; food & beverage; water supply; rescue & first aid services; and accommodation.
- Outdoor activities include inherent risks that may be different or greater than those risks normally assumed at home, work or school. These risks include but are not limited to: exposure to inclement weather, slipping, falling from a height, insect or animal bites, being struck by falling objects, immersion in cold water, hypothermia (cold exposure), hyperthermia (heat exposure), uneven terrain, stream crossings, travel on active logging roads, social or economic losses, loss or damage of personal property, injury, permanent disability, or fatality.
- Communication and emergency response times may be significantly longer than in urban settings.

**WE UNDERSTAND**

\_\_\_\_\_  
**Parent      Participant**

**PLEASE INITIAL**



### AGREEMENT

We understand and agree that participation in SPL activities requires the Participant to:

- Share the responsibility for the safety of their self and others during all activities.
- Follow all instructions and directions of SPL Instructors/Guides. Failure to do so may result in removal from the program.
- Acknowledge the above risks and accept responsibility for all damages and loss resulting from their participation.
- We may contact SPL in advance if I have questions about the risks described above or pertaining to any other aspect of the program. More information can also be found at [www.strathcona.bc.ca](http://www.strathcona.bc.ca).
- This Agreement will be governed and interpreted in accordance with the laws of the Province of British Columbia.
- SPL respects the privacy of participants and will not identify individuals if using photographs or other images for educational, promotional or other purposes.

**WE AGREE**

\_\_\_\_\_  
**Parent      Participant**

### PARENT

\_\_\_\_\_  
Custodial Parent/Legal Guardian’s Printed Name

\_\_\_\_\_  
Custodial Parent/Legal Guardian’s Signature

\_\_\_\_\_  
Date

### PARTICIPANT

\_\_\_\_\_  
Participant’s Printed Name

\_\_\_\_\_  
Participant’s Signature

\_\_\_\_\_  
Date





This information helps us provide for your dietary and medical needs. PLEASE PRINT CLEARLY.

SCHOOL/GROUP: \_\_\_\_\_

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

**PARTICIPANT INFORMATION**

Name: _____	Usual first name	Age: _____	Date of Birth (m/d/y): _____	Gender: M F
Address (street/city/province/postal code): _____				
BC Care Card # _____		Other Health Insurance: _____		

<b>Parent/Guardian:</b>	<b>Emergency Contact:</b>
Email: _____	Relationship: _____
Phone: _____	Phone: _____
Alternate Phone: _____	Alternate Phone: _____

FOOD ALLERGIES	Reaction (Bring two Epi Pens if required)	Epi Pen required?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

**FOOD RESTRICTIONS**

- Gluten Free
- Celiac Disease
- No Pork
- Other (use additional page if necessary)
- No Red Meat
- Lactose intolerant (small amount OK)
- Vegan
- Lacto ovo vegetarian (eggs & dairy OK)
- Lacto vegetarian (dairy OK)
- Pescatarian (fish, eggs & dairy OK)

**ALLERGIES (Environmental or medications)**

**Reaction**

**Treatment (bring 2 Epi Pens if required)**

ALLERGIES (Environmental or medications)	Reaction	Treatment (bring 2 Epi Pens if required)

**HEALTH INFORMATION** Please attach a separate sheet or care plan if necessary

- Glasses/Contacts
- Hearing Aid
- Heart Condition
- Other significant health information:
- Diabetes
- ADHD
- Autism
- Recent Concussion
- Seizure Disorder
- Migraine Headache
- Recent Injury (describe below)
- Frequent infection (describe below)
- Anxiety/Phobia (describe below)
- Bedwetting
- Asthma
- H/L blood pressure

**Prescribed Medications** Please list medication name, what it is used for, dosage, time given.


**Tetanus Shot IMPORTANT INFORMATION.** Children in BC receive a tetanus booster in Kindergarten and Grade 9.

- Tetanus (within last 5 years)
- Tetanus (within last 10 years)
- Choose not to immunize

**SWIMMING ABILITY**

- Able to swim 100m
- Able to swim 25m
- Non-swimmer

**Non-swimmers:** are you comfortable in deep water while wearing a lifejacket?  Yes  No

**CONSENT TO MEDICAL TREATMENT** In the event of a medical emergency, if I am not immediately contactable, I give my consent to treatment to the health care providers (doctors, hospital medical staff, first aid attendants) chosen by the directors of Strathcona Park Lodge, to provide whatever treatment is medically necessary for the Participant.

I have completed this medical form accurately, truthfully, and to the best of my knowledge as of today's date.

Signature of adult participant or parent/guardian for youth

Today's date (m/d/y)