

## To the Scugog Camper...

Another summer will soon be upon us. Soon it will be time to pack up and head to camp for another season in the sun. For me, camp is about community and a place to share our lives, experiences and simple joys. At camp we all have the opportunity to learn about nature, God's presence in our lives, supporting and sharing in each other's lives.

At Lake Scugog Camp we offer children and adults a unique opportunity in a warm, caring community. It's a place not only for summer fun but for growth, stability and the strengthening of family life. I look forward to the summer and invite you to share in the magical moments that Lake Scugog Camp has to offer.



**Dana Leahey**  
Camp Director

## Be a part of our Scugog Community by:

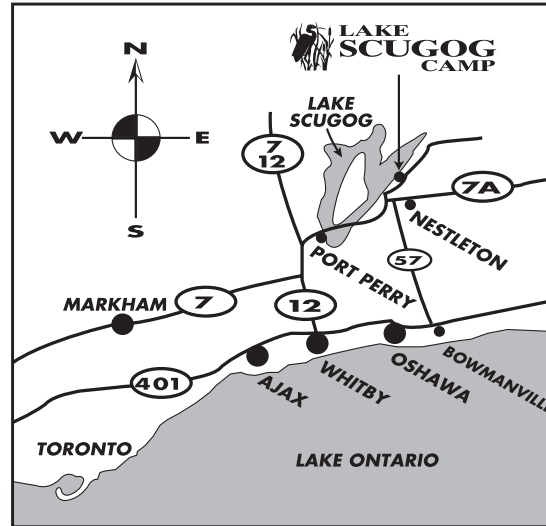
- Attending one of our camper sessions
- Making a donation on our website
- Sponsoring a camper's fee
- Becoming a Board Member
- Organizing or participating in a fundraising event
- Renting our facility in the Spring or Fall season
- Attending our Open House

Visit our website

[www.lakescugogcamp.org](http://www.lakescugogcamp.org)  
for more information.

## Join us at our Open House

You are invited to attend our Open House on the first Sunday of July from 1 p.m. to 5 p.m. Stop in for a swim, bring a picnic lunch, explore our site, and meet our staff. Please call 905-986-4401 for detailed directions.



## How to contact us...

**REGISTRATION/OFFICE • Carol Rhynas**  
1757 Broadoak Cres., Pickering, ON L1V 4S6  
tel. 905-837-0648 • fax. 905-837-2457  
carolrhynas@lakescugogcamp.org

**CAMP DIRECTOR • Dana Leahey**  
RR#3, Bancroft, ON K0L 1C0  
tel. 613-332-5560  
danaleahey@lakescugogcamp.org

**SUMMER ADDRESS • Lake Scugog Camp**  
RR#1, Nestleton, ON L0B 1L0  
tel. 905-986-4401 • fax. 905-986-1099

**RENTALS • Jim Lilly**  
lilly.family@sympatico.ca

**LEADERSHIP PROGRAM**  
leadership@lakescugogcamp.org



The Rotary Club of Toronto



# LAKE SCUGOG CAMP

A Fresh Air Camp Of The United Church Of Canada  
Toronto Conference, Toronto United Church Council

[www.lakescugogcamp.org](http://www.lakescugogcamp.org)



## Summer 2012

### Lake Scugog Camp Mission Statement

To provide a fresh air camping experience for children, teens and families who most need a time at camp.  
To provide a non-threatening, safe environment where campers can gain new knowledge, attitudes, skills and understandings which will be of value to them in their homes and communities.



## Our Site

Lake Scugog Camp has been serving mothers, youth and children since the late 1920's. We are dedicated to continuing this service. The camp is located on Lake Scugog, 22 km east of Port Perry, Ontario. Our 300 acre+ site includes varied terrain, a vast meadow, mixed forest, grass lawns, adventurous swamp and 1,100 feet of shoreline with a view of the most beautiful sunsets. Program facilities and buildings are continually being upgraded to accommodate our campers and provide the best programming possible. The campers stay in cabins with bunks, swim in the lake, eat and have occasional programming in an original historical farm house and enjoy overnight tenting at a variety of sites on our own property.



### CAMP DATES – Fee Scale \$325 to \$900

Session #	Ages	Duration	Dates
1	12 – 15	10 days	July 2 – July 11
2	0 – 16	7 days	July 14 – July 20
3	8 – 12	10 days	July 23 – August 1
4	0 – 16	7 days	August 4 – August 10
5	8 – 12	10 days	August 13 – August 22
LIT	15	34 days	July 14 – August 22



## Co-ed Youth & Children's Program

At Scugog, people who might not otherwise have an opportunity can enjoy summer camp. We are committed to providing one staff for approx. every two campers. This ratio allows us to offer a highly manageable program to meet the needs of our campers. Our energetic staff consists of the Director having 30+ years experience working with Scugog, qualified health care staff, fantastic cooks, enthusiastic counsellors, and awesome programming staff. "Camper's Choice" highlights the unique talents and skills of our staff which provides the campers with an unlimited variety of program opportunities. Outdoor chapel services and camp wide special event days are also important parts of the Scugog experience.

## Mothers & Children Program

A great tradition at Scugog is our program for mothers and children. These sessions provide opportunities for mothers and their children to spend time together in a creative, supportive outdoor environment. Programming is offered to mothers and children separately and as a family. This allows both groups to enjoy the company of their peers, make friends and enjoy new and exciting experiences. Each cabin accommodates two families. We feel the experiences offered in our mother and children's sessions plays an important role in strengthening family life both in and out of the camp setting.



## Leadership Program

*(Leaders in Training / Junior Counsellors)*

Scugog has offered a Leadership Program for youth ages 15 to 17 since 1994. The success of this program has been tremendous and we are committed to its continuance. This two year program focuses on developing skills at different levels each summer. During the first summer as an LIT, campers can expect to gain a great deal of hard skills such as canoeing, swimming, out-tripping, orienteering and first aid, as well as working towards becoming excellent leaders. After a successful first year, second year leaders become Junior Counselors who further develop their leadership skills, plan camp wide activities and small group projects. JC's spend more time interacting with campers and learning effective leadership styles. A week long trip is planned with the LIT's and JC's alternating between canoeing and hiking each year. When they return home, they continue to be effective members and strong leaders in their own community. Many graduates of this Leadership Program have become valuable members of our summer staff team.



**CHAPEL • ARCHERY • CANOEING • KAYAKING • CRAFTS • SWIMMING • SPECIAL DAYS • FIELD GAMES  
CAMPER'S CHOICE • TRIPPING • HIKING • LOW ROPES • BIKING • TREE CLIMBING • CAMPFIRE • SUNSETS**



# LAKE SCUGOG CAMP

A FRESH AIR CAMP OF THE UNITED CHURCH OF CANADA  
Toronto Conference, Toronto United Church Council

## Summer 2012

Open House: Sunday, July 1<sup>st</sup>, 1 p.m. to 5 p.m.  
All are welcome • Campers • Families • Alumni • Friends

<b>CAMP SESSION INFORMATION</b>			
Session #1	Youth Co-ed	Ages 12 to 15	Monday, July 2 to Wednesday, July 11
Session #2	Moms & Children	Ages 0 to 16	Saturday, July 14 to Friday, July 20
Session #3	Children Co-ed	Ages 8 to 12	Monday, July 23 to Wednesday, August 1
Session #4	Moms & Children	Ages 0 to 16	Saturday, August 4 to Friday, August 10
Session #5	Children Co-ed	Ages 8 to 12	Monday, August 13 to Wednesday, August 22

<b>LEADERS IN TRAINING (LIT)</b>			
Session #2, #3, #4, #5 (34 days)	Youth Co-ed	Ages 15 to 17	Saturday, July 14 to Wednesday, August 22*
Fee: <b>\$1,110.00 + HST</b> Subsidies available to qualified individuals. Application form required. Fee includes skill certifications and equipment. *Camp not responsible for LIT during session breaks.			

<b>FEE SCHEDULE per person</b> Lake Scugog Camp is committed to providing a camper/staff ratio of approximately 2:1.				
SESSION #	LENGTH OF SESSION	FULL FEE	AGENCY SPONSORED FEE	INDIVIDUAL SUBSIDIZED FEE*
1, 3, 5	10 Days	\$900.00 ea. + HST	\$680.00 ea. + HST	\$430.00 ea. (HST included)
2, 4	7 Days	\$640.00 ea. + HST	\$535.00 ea. + HST	\$325.00 ea. (HST included)
*Bursaries are available to further reduce the subsidized fee on a first come – first served basis to qualified individuals. Financial Assistance forms available from <a href="http://www.lakescugogcamp.org">www.lakescugogcamp.org</a> or contact our office 905-837-0648.				

<b>REGISTRATION PROCESS</b>	
<ul style="list-style-type: none"> <li>• All registrations require a \$50.00 non-refundable deposit <u>per camper application</u>.</li> <li>• Any registration received without deposit will not be processed and <u>space will not be reserved</u>.</li> <li>• Please make cheque/money order payable to <b>Lake Scugog Camp</b> and mail to: <b>Registrar, Lake Scugog Camp, 1757 Broadoak Cres. Pickering, ON L1V 4S6</b> (905) 837-0648</li> <li>• The balance of payment must be <u>received by May 15th</u> (unless otherwise arranged.)</li> <li>• All registrations received after May 15th require <u>full payment</u> (unless otherwise arranged.)</li> <li>• Confirmation of registration and further information will be mailed to all registered campers to help prepare them for the Lake Scugog Camp experience.</li> </ul>	<p><b>NOTE:</b> Cheques will be deposited on the 1st and 15th of each month.</p>

<b>CANCELLATION AND REFUND POLICY</b>
<ul style="list-style-type: none"> <li>• <b>All sessions:</b> Fourteen (14) days prior to your session start date, a refund will be issued less the \$50.00 non-refundable deposit.</li> <li>• Less than 14 days prior to your session start date, refunds will be given for medical reasons only (with medical certification) less the \$50.00 non-refundable deposit.</li> <li>• All refund requests must be made in writing to the Registrar.</li> <li>• Refunds are not granted if parent/guardian withdraws camper from the session early, or if camper is sent home early for misconduct.</li> <li>• A <b>\$20.00 service charge will be levied on NSF cheques.</b></li> </ul>

# LAKE SCUGOG CAMP 2012 REGISTRATION FORM

Return to: Registrar, Lake Scugog Camp, 1757 Broadoak Cres. Pickering, ON L1V4S6 • 905-837-0648

## **CAMPER INFORMATION ONE FORM PER CAMPER: (photocopies accepted)**

Name: \_\_\_\_\_  Male  Female  Mother

Address: \_\_\_\_\_  
No. Street Apt. City Postal Code

Hm.Tel. (\_\_\_\_) \_\_\_\_\_ Date of Birth (d/m/y) \_\_\_\_\_ Age July 1st \_\_\_\_\_

Name of parent(s) or guardian(s) with legal custody: \_\_\_\_\_

Hm.Tel. (\_\_\_\_) \_\_\_\_\_ Cell.Tel. (\_\_\_\_) \_\_\_\_\_ Bus. Tel.(\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Has child attended Lake Scugog Camp before?  No  Yes #of years \_\_\_\_\_ when? \_\_\_\_\_

Are you a member of a church? Church Name \_\_\_\_\_

Preferred session:  #1  #2  #3  #4  #5  LIT Cabin mate request: \_\_\_\_\_

## **CONTACT INFORMATION**

Alternate Emergency Contact: (other than information above)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Hm.Tel. (\_\_\_\_) \_\_\_\_\_ Cell.Tel. (\_\_\_\_) \_\_\_\_\_ Bus. Tel.(\_\_\_\_) \_\_\_\_\_

Who can pick up the camper from camp in case of emergency or if camper needs to leave prior to end of session?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel.(\_\_\_\_) \_\_\_\_\_

Referral Contact:

Name of Agency (CAS), Church, School, etc.: \_\_\_\_\_

Name: \_\_\_\_\_ Tel.(\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Email: \_\_\_\_\_

If there is information **not** documented that is necessary for the safety/appropriate management and enjoyment of this camper, please indicate who the Director should contact to discuss these issues confidentially.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel.(\_\_\_\_) \_\_\_\_\_

## **TRANSPORTATION INFORMATION**

The camp provides transportation to and from Bayview Village Shopping Centre in Toronto. Please indicate your requirements:

Bus to camp:  No  Yes (departs - 10:00 a.m.)\*

Bus from camp:  No  Yes (returns - 11:00 a.m.)\*

Who will be providing transportation for camper to/from camp if bus is not required? *Please call for directions.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel.(\_\_\_\_) \_\_\_\_\_

The camper will only be released to the person named herein. The camp must be informed of any changes to the information in this section.

\*Detailed Bus Information included in your confirmation package.

**CAMPER NAME:**

The following is to be filled out by Camper's Parent, Guardian, Minister, Reference or Social Worker. If a camper is sponsored by a Children's Aid Society or other agency, it is essential that the Social Worker take time to ensure that accurate and complete information is provided below. Please consider the following questions and answer carefully. The more information we have, the better we can provide this camper with a positive camping experience.

Which of the following best describes this camper? Please check (✓) as many as apply.

**Favourite Camp Activities:**

- |  |                                   |                                      |                                     |                                       |  |
|--|-----------------------------------|--------------------------------------|-------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Archery         | <input type="checkbox"/> Campfire | <input type="checkbox"/> Drama       | <input type="checkbox"/> Kayaking   | <input type="checkbox"/> Special Days | <input type="checkbox"/> Tree Climbing                   |
| <input type="checkbox"/> Biking          | <input type="checkbox"/> Canoeing | <input type="checkbox"/> Field Games | <input type="checkbox"/> Low Ropes  | <input type="checkbox"/> Sports       | Can camper swim?   |
| <input type="checkbox"/> Camper's Choice | <input type="checkbox"/> Crafts   | <input type="checkbox"/> Hiking      | <input type="checkbox"/> Overnights | <input type="checkbox"/> Swimming     | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Camper Behaviour:**

- |   |  |                                       |  |   |  |
|---|--|---------------------------------------|--|---|--|
| <input type="checkbox"/> afraid of the dark                     | <input type="checkbox"/> challenging behaviour | <input type="checkbox"/> follower     | <input type="checkbox"/> leader            | <input type="checkbox"/> respectful       | <input type="checkbox"/> stealing            |
| <input type="checkbox"/> aggressive                             | <input type="checkbox"/> compliant             | <input type="checkbox"/> happy        | <input type="checkbox"/> likes to be alone | <input type="checkbox"/> rude             | <input type="checkbox"/> temper              |
| <input type="checkbox"/> anxious                                | <input type="checkbox"/> cooperative           | <input type="checkbox"/> has friends  | <input type="checkbox"/> low self esteem   | <input type="checkbox"/> runs away        | <input type="checkbox"/> trustworthy         |
| <input type="checkbox"/> bad language                           | <input type="checkbox"/> defiant               | <input type="checkbox"/> homesick     | <input type="checkbox"/> moody             | <input type="checkbox"/> sensitive        | <input type="checkbox"/> walks in sleep      |
| <input type="checkbox"/> been away from home                    | <input type="checkbox"/> easy going            | <input type="checkbox"/> hyper active | <input type="checkbox"/> nervous           | <input type="checkbox"/> sexual behaviour | <input type="checkbox"/> wants to go to camp |
| <input type="checkbox"/> bullied <input type="checkbox"/> bully | <input type="checkbox"/> energetic             | <input type="checkbox"/> lazy         | <input type="checkbox"/> quiet             | <input type="checkbox"/> shy              | <input type="checkbox"/> wets bed            |

Easily relates to:  own age  younger  older  adults  authority

Difficulty relating to:  own age  younger  older  adults  authority

Eating habits:  fussy  hearty  average  fast  slow

Please indicate approaches/behaviour management methods that work well with this camper or any challenges this camper may experience while away at camp, (behavioural, medical, emotional, eating, sleeping, recent trauma, other). Attach note if necessary.

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**AUTHORIZATION**

**PHOTO CONSENT:** I/We hereby give permission and the legal right to LAKE SCUGOG CAMP for the use and ownership of any written or audio-visual material, and photographs of the enrolled camper for publicity and promotional purposes.

\_\_\_\_\_  
Parent / Legal Guardian Signature

\_\_\_\_\_  
Relationship to Camper

\_\_\_\_\_  
Date

**CONDITIONS OF ENROLLMENT:**

- The Director of Lake Scugog Camp reserves the right to dismiss a camper who, in his/her opinion, has displayed unacceptable behavior and /or has not complied with the rules of the camp.
- No refund of fees will be made for dismissals, late arrivals or early departures.
- As the parent(s)/legal guardian(s) of the applicant child, I am the only person/we are all of the persons having legal guardianship of the applicant child. Any conditions of custody and access, if applicable, will be fully communicated in writing to Lake Scugog Camp with this application.
- I/We wish my/our child to take part in the FULL CAMP PROGRAM unless I/we advise you otherwise in writing prior to the start of Camp.
- Permission is hereby given to Lake Scugog Camp staff to dispense prescription and/or standard non-prescription drugs as required and I/we confirm that all known drug allergies of the child are set out in this application.

**PRIVACY CONSENT:** I/we understand that to provide myself/my child with camper care, Lake Scugog Camp will collect personal information about myself/my child. I/we have reviewed the information provided about the collection, use and disclosure of personal information and steps taken to protect it, on the website. I/we understand how this information applies to myself/my child. I/we have been given a chance to ask any questions I/we have about Privacy Policies and they have been answered to my satisfaction. I/we agree to Lake Scugog Camp collecting, using and disclosing personal information about myself/my child set out in the Lake Scugog Camp Privacy Statement.

**RELEASE AND WAIVER:** In consideration of LAKE SCUGOG CAMP accepting this application, I/we, as the parent(s)/legal guardian(s) of the applicant child, for the applicant child, and for ourselves, our heirs, executors, administrators and assigns, release and forever discharge each of LAKE SCUGOG CAMP, THE UNITED CHURCH OF CANADA and THE TORONTO UNITED CHURCH COUNCIL, their respective directors, officers, servants, agents or employees from any and all claims, demands, damages, actions or causes of actions whatever in law or in equity arising out of or in consequence of any loss, injury or damage to the applicant child's person or property incurred while attending Lake Scugog Camp or participating in any of the Lake Scugog Camp programs or facilities, notwithstanding that any such loss, injury or damage may have arisen by reason of the negligence of any of said organizations or those for whom the said organizations are at law responsible.

**INDEMNIFICATION:** In consideration of LAKE SCUGOG CAMP accepting this application, I/we, as the parent(s)/legal guardian(s) of the applicant child agree to indemnify and save harmless each of LAKE SCUGOG CAMP, THE UNITED CHURCH OF CANADA and THE TORONTO UNITED CHURCH COUNCIL, their respective directors, officers, servants, agents or employees from any and all claims or demands which might be made against any of the said organizations or individuals arising out of or in consequence of the attendance by the applicant child at Lake Scugog Camp, including but not limited to the participation by the applicant child in any program or facility of Lake Scugog Camp.

\_\_\_\_\_  
Parent / Legal Guardian Signature

\_\_\_\_\_  
Relationship to Camper

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

# LAKE SCUGOG CAMP HEALTH FORM

Return to: Registrar, Lake Scugog Camp, 1757 Broadoak Cres. Pickering, ON L1V4S6 • 905-837-0648

<b>CAMPER NAME:</b> _____	Date of Birth: _____	Age: _____	Session # _____
Name of parent(s) / guardian(s) with legal custody: _____			
Hm. Tel. (____) _____ Cell Tel. (____) _____ Bus. Tel. (____) _____			
Health Card #: _____ (____) Last Tetanus shot: _____ <span style="margin-left: 150px;"><small>expiry</small></span>			
Family Doctor: _____ Telephone: (____) _____			
<b>Please check (✓) as many as apply.</b>			
<input type="checkbox"/> seizures	<input type="checkbox"/> bladder infections	<input type="checkbox"/> depression	<input type="checkbox"/> ear aches
<input type="checkbox"/> HIV (+)	<input type="checkbox"/> fainting spells	<input type="checkbox"/> hepatitis	<input type="checkbox"/> stomach aches
<input type="checkbox"/> anxiety	<input type="checkbox"/> smoker	<input type="checkbox"/> sore throats	<input type="checkbox"/> hemophilia
<input type="checkbox"/> ADD	<input type="checkbox"/> ADHD	<input type="checkbox"/> headaches	<input type="checkbox"/> learning disability
<input type="checkbox"/> OCD	<input type="checkbox"/> ODD	<input type="checkbox"/> diabetes	<input type="checkbox"/> treated for head lice
			<input type="checkbox"/> menstruation
			<input type="checkbox"/> carries a puffer
			<input type="checkbox"/> carries an Epi Pen
			<input type="checkbox"/> asthma
			<input type="checkbox"/> other _____
<b>Dietary restrictions:</b>			
<input type="checkbox"/> vegetarian	<input type="checkbox"/> lactose intolerant	<input type="checkbox"/> religious restrictions _____	
Allergies: Drug / Food / Other: (describe) _____			
Any life threatening allergies? (we are NOT peanut free): _____			
Diagnosed Disorder(s)/ Disability(s): _____			
Past Medical History: _____			
Prescriptions taken this past year that you will NOT be continuing while at camp: _____			
Recent operations, illness or injury: _____			
<b>Prescription, Over-the-Counter, or Alternative Medication to be taken at camp.</b>			
(please bring in <u>original container</u> with the camper name, medication name, Doctor name and phone # and dosage clearly visible)			
Name of Medication	Dosage	How/When Administered	Reason for Taking
<p>I confirm that to the best of my knowledge, except as noted on this form, this person is in good health and physically able to participate in all camp activities. I will notify the camp in writing if the individual is exposed to an infectious disease during the three weeks prior to arriving at camp.</p> <p>In the case of medical or surgical emergency, the camp will contact the parent/guardian or emergency contact on this form. In the event that person cannot be contacted, I give permission to the physician selected by the Camp Director to call for ambulance, secure proper treatment, hospitalize, order injection, anaesthesia or surgery for the individual.</p>			
Parent / Legal Guardian Signature _____		Print Name _____	Date _____