

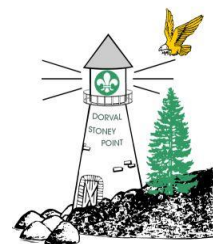


Stoney Point - Dorval

Spring Cub Camp 2025

Camp Kinkora

May 30 to June 1



CUB Application and Medical Record

Name: _____ Pack: _____

Tel. # at home: _____ Male/Female: _____

Medicare #: _____ Expires: _____

Address: _____

Photo Allowed: Yes /No

IN CASE OF EMERGENCY PLEASE NOTIFY:

NAME: _____ Tel. _____

OR : _____ Tel: _____

Please list below any present medications and reasons for them.
(Attach Scouts Canada Physical Fitness form if necessary)

Allergies? Peanuts ☐ Shellfish ☐ Pork (religious) ☐

Other (specify) _____

If required may we give your child Tylenol? YES ☐ NO ☐

Parents' Comments:

Badges

The following badges will be offered at camp. Please mark choices as ☐ 1 ☐ 2 ☐ 3

JUMP SCOUT PROGRAM
(3rd year) ☐

CAMPING SKILLS 1-2 ☐

CAMPING SKILLS 3 ☐

TRAIL SKILLS 1-2 ☐

TRAIL SKILLS 3 ☐

EMERGENCY 1-2 ☐

EMERGENCY 3-4 ☐

PADDLING 1 ☐

PADDLING 2 ☐

Age Level

1st year (7-8 yrs) ☐

2nd year (9 yrs) ☐

3rd year (10-11 yrs) ☐

I CONSIDER MY CUB PHYSICALLY FIT TO ENGAGE IN CAMP ACTIVITIES AND TO THE BEST OF MY KNOWLEDGE, IS IN GOOD HEALTH. I GIVE PERMISSION FOR CAMP MEDICAL STAFF TO TREAT MY CUB IN CASE OF EMERGENCY AS REQUIRED. I GIVE PERMISSION FOR MY CUB TO ATTEND THE ABOVE MENTIONED CAMP.

SIGNATURE OF PARENT/GUARDIAN _____

Fees: \$110____ T Shirt included (Payable to your Group or Pack) **NON REFUNDABLE**

We will be able to drive ☐ cubs in our car

T Shirt size Youth : M ☐ L ☐

Men's : S ☐ M ☐ L ☐ XL ☐ OR XXL ☐

Please Check off the size required