

**PLAST CANADA
CAMP REGISTRATION FORM**



GENERAL INFORMATION

Plast Branch:	Location of Camp:
Dates of Camp:	Link to Map:

Type of Camp:	Participants	Organizing Body
	<input type="checkbox"/> Novak (M)	<input type="checkbox"/> Kurinnyi
	<input type="checkbox"/> Novak (F)	<input type="checkbox"/> Stanychnyi
	<input type="checkbox"/> Novak (mixed)	<input type="checkbox"/> Okruzhnij
	<input type="checkbox"/> Yunak (M)	List all Stanychi involved:
	<input type="checkbox"/> Yunak (F)	<input type="checkbox"/> Other
	<input type="checkbox"/> Yunak (mixed)	Describe:

Anticipated Camp Size:	Camper Information	Staff Information	
	Anticipated # of Girls	Anticipated # Female Staff	
	Anticipated # of Boys	Anticipated # Male Staff	
	Anticipated # Campers	Anticipated # Staff	
	Does the ratio meet Plast policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Anticipated Hazards (Check all that apply)

Animals	Other Environmental Hazards
<input type="checkbox"/> Bears <input type="checkbox"/> Wolves, Cougars, Coyotes <input type="checkbox"/> Large Ungulates (deer, moose, elk, bison, mountain sheep, goats, etc.) <input type="checkbox"/> Ticks <input type="checkbox"/> Mosquitos carrying disease	<input type="checkbox"/> Extreme Heat (+35C) <input type="checkbox"/> Extreme Cold (-15C) <input type="checkbox"/> Altitude <input type="checkbox"/> Noxious vegetation (poison ivy, giant hogweed, etc.) <input type="checkbox"/> Large bodies of water

Contact Information

Branch Contact

Name:	Email:
Home Phone:	Cell Phone:

Contact at the main Campsite

Name:	Cell Coverage	<input type="checkbox"/> Excellent <input type="checkbox"/> Spotty <input type="checkbox"/> Limited <input type="checkbox"/> None	Landline Number & Location
Cell Phone:			



SITE INFORMATION

Name of Site:

Site Address:

Type of Site:	<input type="checkbox"/> Public Access <input type="checkbox"/> Private – registered guests or groups only
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If the camp is based at

- a permanent facility, complete section A
- a primitive site, complete section B



Section A – Permanent Facility

<input type="checkbox"/> Have municipal and provincial regulations been followed regarding the opening of the facility AND operating as a children's camp?
<input type="checkbox"/> Has the fire code been followed?
<input type="checkbox"/> Does the drinking water system comply with municipal and provincial regulations?
<input type="checkbox"/> Does the number of toilets/outhouses comply with municipal and provincial regulations?
<input type="checkbox"/> Do the hand washing facilities located near washrooms and food preparation facilities meet municipal and provincial regulations?
<input type="checkbox"/> Do the food preparation facilities meet municipal and provincial regulations?
<input type="checkbox"/> Do the food storage facilities meet municipal and provincial regulations?
<input type="checkbox"/> Do the sleeping accommodations meet municipal and provincial regulations?

Washroom Facilities

- ☐ Washrooms (flush toilets and running water)
- ☐ Portable toilets or out-houses

Sleeping Accommodations

- ☐ Cabins
- ☐ Platform Tents
- ☐ Tripping Tents



Section B – Primitive Site

Drinking Water

- ☐ All water on-site is treated for drinking
- ☐ Some water on-site is treated for drinking
List locations:
- ☐ No potable water
List treatment method(s) to be used:

Meal Preparation

- ☐ Field Kitchen (staff/parents)
- ☐ Small group cooking

Food Storage

- ☐ Refrigerated food storage is available on-site.
Type: _____
Location: _____
- ☐ Refrigerated food storage provided by the camp itself (i.e. refrigerated truck, daily purchasing of perishables, etc.).
Describe: _____

Washroom Facilities

- ☐ Washrooms (flush toilets and running water)
- ☐ Portable toilets or out-houses
- ☐ No washroom facilities

Sleeping Accommodations

- ☐ Platform Tents
- ☐ Tripping Tents



FIRST AID & MEDICAL INFORMATION

First Aid (includes Mental Health First Aid) at Camp:	Name of designated staff:	Qualifications	Dates Present at Camp

EMS Contact Information:		
	<input type="checkbox"/> 911	<input type="checkbox"/> No 911
		Phone Number for Ambulance:

Nearest Medical Facilities:	Walk in Clinic	Emergency Room
	Address:	Address:
	Phone:	Phone:
	Hours:	Hours:
	Distance from Camp:	Distance from Camp:

Will the nearest medical facility change during camp (including any planned trips)? <input type="checkbox"/> Yes – complete additional information below <input type="checkbox"/> No		
Alternate Medical Facilities:	Alternate Walk in Clinic	Alternate Emergency Room
	Dates in effect:	Dates in effect:
	Address:	Address:
	Phone:	Phone:
	Hours:	Hours:
	Distance from Camp/Trailhead:	Distance from Camp/Trailhead:

Health/Medical forms collected, reviewed to ensure completeness and clarify any questions. <input type="checkbox"/> Campers <input type="checkbox"/> Staff Comments:	Initials
Staff apprised of medical conditions and appropriate response.	Initials
Third-Party providers apprised of medical conditions and appropriate response.	Initials
All trip leaders aware of location of forms.	Initials
Copies left with home contact person and/or organization contact.	Initials



CAMP PROGRAM

Camp Goals

- 1.
- 2.
- 3.

Planned Camp Activities

Please attach proposed Daily Schedule (Taborova Prohrama)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	I have reviewed relevant Plast Canada camp policy documents for planned trips and activities.
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Badges (Vmilosti)	Level(s)

Requirements for Ranks (Vymohy na Proby)	Level

Plast-Delivered Specialized Activities

Activity	Instructor's Name	Qualifications	Language of Instruction

Activities delivered using a Third-Party Provider

Activity	Name of 3 rd Party Provider	Plast Canada Policy
		Initials: _____
		Initials: _____

<input type="checkbox"/> Yes	<input type="checkbox"/> No	I have written contracts with all 3 rd party providers
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Swimming



Will there be swimming during camp?

☐ Yes ☐ No

I have reviewed Plast Canada swimming policy documents

☐ Yes ☐ No

Complete all sections that apply.

- If swimming will take place at designated swimming area, complete section A.
- If swimming will take place at Non-Designated Swimming Areas, complete section B.

Section A - Swimming in a Designated Swimming Area

Designated Swimming Area	Type of Designated Swimming Area
Name:	<input type="checkbox"/> Pool
Address:	<input type="checkbox"/> Waterfront
	<input type="checkbox"/> Waterpark
	<input type="checkbox"/> Other
	Describe:
Name:	<input type="checkbox"/> Pool
Address:	<input type="checkbox"/> Waterfront
	<input type="checkbox"/> Waterpark
	<input type="checkbox"/> Other
	Describe:

Section B - Swimming in a Non-Designated Swimming Area

Required Equipment	Equipment Checked	Deficiencies Addressed
<input type="checkbox"/> First Aid Kit	Date:	Initials:
<input type="checkbox"/> Buoyant throwing aid attached to 6 mm line at least 15 m in length	Date:	Initials:

☐ There will be Qualified Aquatic Activity Supervisors

Name	Qualification	Camper or Staff

☐ There will NOT be Qualified Aquatic Activity Supervisors



Trips

Complete all sections that apply.

- If there are planned day trips, complete section A.
- If there are planned overnight trips, complete section B.

Section A – Planned Day Trips

Date	Location	Activities	Link	# campers	# staff

Section B – Planned Overnight Trips

Dates	Locations	Activities	Link	# campers	# staff
	Start: Overnight: End: Type: <input type="checkbox"/> Frontcountry <input type="checkbox"/> Backcountry <input type="checkbox"/> Extended Backcountry				
	Start: Overnight: End: Type: <input type="checkbox"/> Frontcountry <input type="checkbox"/> Backcountry <input type="checkbox"/> Extended Backcountry				
	Start: Overnight: End: Type: <input type="checkbox"/> Frontcountry <input type="checkbox"/> Backcountry <input type="checkbox"/> Extended Backcountry				



Equipment

List Provided	Equipment Checked	Deficiencies Addressed
<input type="checkbox"/> Participant clothing & equipment	Date:	Initials:
<input type="checkbox"/> Group (Overnight Trip) equipment	Date:	Initials:
<input type="checkbox"/> First Aid Kits <ul style="list-style-type: none">○ In-Camp○ Tripping	Date:	Initials:
<input type="checkbox"/> Camp Equipment	Date:	Initials:



STAFFING

Name	Dates Present	List all Qualified Roles / Capacities (in-camp group leader, trip leader, assistant trip leader, in-camp first aid, driver etc.)
Director:		
Assistant Director:		
Head Counsellor:		
Scribe:		
Logistics:		
In-Camp Group Leaders:		
Trippers:		
Other Staff:		

<input type="checkbox"/> Yes	<input type="checkbox"/> No	I have received complete staff application forms from all staff
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I have received police record checks from all staff

Staff Training & Orientation

Is there a staff training and orientation scheduled?	<input type="checkbox"/> Yes Complete Section A	<input type="checkbox"/> No Complete Section B
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Section A – Orientation and Training Plan for Staff

Topics to be Covered	Date	Location (include virtual meetings)

Section B – No Training or Orientation is Planned for Staff

Describe, in detail, how staff will receive information about the camp program, their roles and responsibilities at camp, and have the opportunity to ask questions and receive a timely answer.



TRANSPORTATION

No Transportation	Transportation to & from Camp	Transportation during Camp
<input type="checkbox"/> Parents/guardians drop-off and pick-up at camp AND <input type="checkbox"/> No activities or trips require transportation during camp Continue to Emergency Response Plan	<input type="checkbox"/> Transportation is provided from a central meeting point to camp (and back) Complete all applicable sections (A-C) in Transportation to and from Camp	<input type="checkbox"/> Transportation is provided from camp to and from activities and/or trips Complete all applicable sections (D-F) in Transportation during Camp

Transportation to and from Camp

If transportation is provided by

- Public Transportation or Contracted Transportation Service Provider complete section A.
- Rental vehicle with a Plast-affiliated driver (staff/parent /volunteer) complete section B.
- Plast-affiliated drivers (staff/parent/volunteer) using a personal vehicle complete section C.

Section A – Commercial Vehicle with Professional Driver

Public Transportation	Contracted Transportation Service Provider
<input type="checkbox"/> Scheduled Bus (Greyhound) <input type="checkbox"/> Train <input type="checkbox"/> Plane <input type="checkbox"/> Ferry	Name of company: <input type="checkbox"/> Chartered Bus <input type="checkbox"/> Other Describe:

Section B – Rental Vehicle with Plast-affiliated Driver

Vehicle Type	Driver	License #	Driver aware of route & safety expectations
			Initials _____
			Initials _____
			Initials _____

Section C – Private Vehicle with Plast-affiliated Driver

Vehicle Type	Driver	License #	Driver aware of route & safety expectations
			Initials _____
			Initials _____
			Initials _____

Transportation during Camp Activities

If transportation during camp (for example, trips, shuttles to a trailhead) is provided by

- Public Transportation or a contracted transportation service provider, complete section D.
- a rental vehicle with a Plast-affiliated driver (staff/parent /volunteer) complete section E.
- Plast-affiliated drivers (staff/parent/volunteer) using a personal vehicle complete section F.

Section D – Commercial Vehicle with Professional Driver

Public Transportation	Contracted Transportation Service Provider
<input type="checkbox"/> Scheduled Bus (Greyhound) <input type="checkbox"/> Train <input type="checkbox"/> Plane <input type="checkbox"/> Ferry	Name of Company: <input type="checkbox"/> Chartered Bus <input type="checkbox"/> Other Describe:

Section E – Rental Vehicle with Plast-affiliated Driver

Vehicle Type	Driver	License #	Driver aware of route & safety expectations
			Initials _____
			Initials _____
			Initials _____

Section F – Private Vehicle with Plast-affiliated Driver

Vehicle Type	Driver	License #	Driver aware of route & safety expectations
			Initials _____
			Initials _____
			Initials _____



EMERGENCY RESPONSE PLAN

Communications Plan

Schedule for Routine Check In	Method of Communication	Recipient of Communication
From Camp to Plast Branch		
From Out-Trips <input type="checkbox"/> To Camp <input type="checkbox"/> To Plast Branch		

Describe the plan if a check-in is missed:

Trips

Devices carried on trips (check all that apply)
<input type="checkbox"/> Cell phone <input type="checkbox"/> Satellite Phone <input type="checkbox"/> Radio <input type="checkbox"/> Emergency Beacon (SPOT or similar) <input type="checkbox"/> Other Describe:

Emergency Contacts

Type of Emergency Service	Agency	Phone Number
Search and Rescue		
Medical		
Fire		
Police		
Park Warden		

Emergency Response Plan

Attach an emergency response plan that include procedures if a camper or staff becomes

- ☐ ill
- ☐ injured
- ☐ separated from the group
- ☐ behavioral incident
- ☐ other emergency occurs



DECLARATION

The information provided on this form and in the attached documents is true to the best of my knowledge and does not knowingly contain any false or misleading information regarding this camp and its planned activities.

I understand that any misrepresentations may subject the camp organizers to disciplinary action by Plast Canada including but not limited to revocation of their membership.

Printed Name	Date: Day/Month/Year	Signature
Camp Director:		
Camp Organizer:		
Branch Leader:		