

Wilderness Rendezvous Application Form 2024

Name _____
Address _____
City _____ Prov ____ Postal Code _____
Phone _____ Birth Date _____
Provincial Health # _____ Exp Date _____
Troop # & name _____
Next of Kin _____
Signature of Parent/Guardian _____
Address (if different) _____
City _____ Prov ____ Postal Code _____
Phone _____

Cub ____ Scout ____ Venturer ____ Leader ____

This part is to be filled in by the Troop Scouter

Troop Attending with _____

Have they ever Attended Wilderness Rendezvous before? Yes ____ No ____

If yes, did they participate?

Cub ____ Pioneer ____ 1st yr. ____ 2nd yr. ____ 3rd yr. ____ 4th yr. ____ Rovers ____ Sting ____

This youth will be enrolling in

Cub ____ Pioneer ____ 1st yr. ____ 2nd yr. ____ 3rd yr. ____ 4th yr. ____ Rovers ____ Sting ____

This applicant is a registered member of Scouts Canada Yes ____ No ____

I have 1st Aid Training. Yes ____ No ____ Type, exp Date _____

Signature of Scouter _____

Scouter's email _____

Early Bird Registration Deadline May 1st, 2024

Send Application & Medical Form & payment with all required forms to:

***Wilderness Rendezvous
3318E Graham Court
Regina, Sask< S4N 5Y2***

***Make cheque payable to Wilderness Rendezvous or
Send an e-transfer to wildernessrendezvous@gmail.com***

Additional Medical & Allergy Information

Name _____
Address _____
City _____ Prov _____ Postal Code _____
Phone _____ Birth Date _____
Age _____ Male _____ Female _____
Provincial Health # _____ Exp Date _____
Physician's Name _____ Phone # _____
Emergency Contact Name _____ Phone # _____

Do you require special care, medication, or diet? Yes _____ No _____

If yes why? _____

Do you have allergies? Yes _____ No _____ How severe? _____

Type & cause of reaction? _____

Medicine _____ Insect Bite _____ Food _____ Smoke _____ Plants _____ Animals _____ Other _____

*For Food allergies, our staff will contact you

Indicate (X) if you have had: Appendicitis _____ Mumps _____ Chicken Pox _____ Measles _____

Kidney Disease _____ Rheumatic Fever _____ Heart Condition _____ Other _____

Details _____

Indicate (X) if you have any of the following and give details:

Braces _____ Contact Lenses _____ Headaches _____ Fainting Spells _____ Bleeding Disorders _____

HIV _____ Hernia _____ Back Problems _____ Motion Sickness _____ Cramps _____ Convulsions _____

Sleep Walking _____ Ear Problems _____ Diabetes _____ Nightmares _____ Asthma _____ Other _____

Details _____

Date of your most recent Physical examination (Month/Year) _____

Date of your most recent tetanus shot (Month/Year) _____

Has it ever been necessary to restrict your activities for medical reasons? Yes _____ No _____

Details _____

If female, has the youth participant menstruated? Yes _____ No _____

If not, has she had menstruation explained to her? Yes _____ No _____

Parent/Guardian Signature

Date
