

The 12th Youth Leadership Training Camp 2011 - Re(action)²
Information Sheet

Drop-Off and Pick-Up Details

DROP-OFF

Date: September 2, 2011 (Friday)

Time: 7:45 am

Location: Across U-hub

Address: 160 Gibson Drive, Unit 1, Markham, ON
Please enter the drop-off zone from **Ferrier St. ONLY**
Phone: (905) 944-1944 **Web:** www.acrossuhub.com

PICK-UP

Date: September 5, 2011 (Monday)

Time: 4:15 pm (depending on traffic)

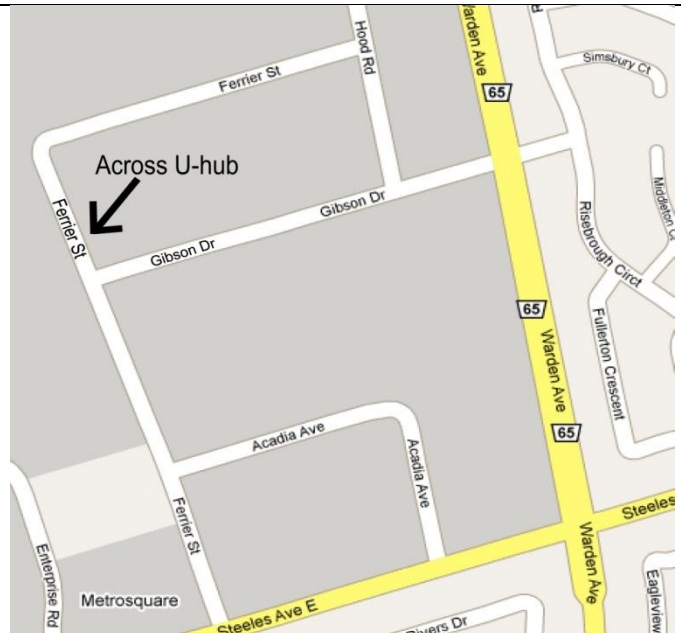
Location: Across U-hub

Campsite: Camp Couchiching

Address: 3990 Longford Mills Rd,
Longford Mills, ON L0K 1L0

Phone: 705-325-3428 **Web:** www.campcouchiching.com

Please leave a copy of this "Drop-Off and Pick-Up Details" for your parent/guardian.



General Information:

1) Luggage:

- Limited to **ONE** luggage, **ONE** sleeping bag and **ONE** backpack per person.
- Please **LABEL** your luggage, sleeping bag and belongings such as water bottle, with **FIRST NAME, LAST NAME**, and **GROUP NUMBER** using luggage tag or permanent markings.

2) Nut-Sensitive Camping:

- Camp Couchiching is a nut-free environment and is home to many individuals who may have life threatening allergies to peanuts and nuts. For the safety of all campers, please do not bring any nuts or nut products.

3) Smoking / Alcohol / Drugs:

- Our camp does not allow the consumption of tobacco products, alcoholic beverages, or recreational drugs anywhere on their property.

4) Electronic Devices

- Please do not bring your electronics to camp!! The use of electronic devices in the campsite is prohibited; this includes all mobile devices, laptops and portable entertainment systems.

5) Emergency

- In the case of an emergency, the emergency contact person on your waiver form will be contacted. Make sure you have sent us your updated waiver form before the camp.

6) Health

- If you have developed any respiratory symptom (including congestion, cough, and sore throat) and a fever prior to camp, we shall have sole discretion to allow/disallow you into camp for the health and safety of yourself and of other campers. Please contact Across U-hub office immediately if you have any of these symptom prior to camp.
- Campers must bring along their health cards. If you do not have your health card and need to visit an afterhour's clinic, you may be billed for the visitation.

7) Others

- Drink plenty of water prior to the camp.
- Be well rested. (This is very important.)

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“50 Items” Packing Instructions:

Leaders often work with limited resources while finding ways to maximize them to achieve their goals. It requires exercising a leader’s decision making ability, creativity and resourcefulness to collaborate with others.

The first challenge for this camp is about limiting your personal belongings to **50 items**. The 50 items will have to include items outlined in the ****Mandatory Items** list below. The followings are some examples on what is considered as an item.

- A luggage / backpack
- A pair of socks
- A pair of running shoes
- A wallet (including personal IDs and small changes)
- Small flashlight with batteries
- A pack of personal medication (not including sunscreen and insect repellent)
- A pen

Are you up for the challenge to bring only what you need but not what you want?

| Personal Gear (**Mandatory Items) | |
|--|---|
| <input type="checkbox"/> Health card ** | <input type="checkbox"/> Raincoat ** |
| <input type="checkbox"/> Sleeping bag ** | <input type="checkbox"/> Sunscreen ** |
| <input type="checkbox"/> Reusable water bottle ** (min. 500ml) | <input type="checkbox"/> Small flashlight with batteries ** |
| <input type="checkbox"/> Fleece top / Overcoat for outdoor activities ** | <input type="checkbox"/> Pen ** |
| <input type="checkbox"/> Dark T-shirt (x1) ** | |

| Other Personal Gear (Suggested Items) |
|--|
| <input type="checkbox"/> T-shirts (x3-4) |
| <input type="checkbox"/> Long pants (x2-3) |
| <input type="checkbox"/> Cotton socks and under garments (x2-3) |
| <input type="checkbox"/> Sandals/Slippers |
| <input type="checkbox"/> Large plastic bags (x1-2) (for clothing) |
| <input type="checkbox"/> Tooth-brush & Shower accessories |
| <input type="checkbox"/> Towel |
| <input type="checkbox"/> Personal medication for cold, headache or allergy |
| <input type="checkbox"/> Insect repellent / After-bite |
| <input type="checkbox"/> Sunglasses |
| <input type="checkbox"/> Alarm clock |

Group Contact List:

My Name: _____ Group: _____

| Name | Phone Number | Email/Facebook |
|-----------|--------------|----------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |