



MASONIC YOUTH LEADERSHIP CAMP

A REGISTRATION APPLICATION

Yes, I would like to be considered a candidate for Masonic Youth Leadership Camp, Wakaw Lake, Saskatchewan, July 30-August 4, 2017.

PRINT	Full Name	Nicknames			
	Street Address	City/Town	P-Code		
	Email	Tel #	Cell#		
	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (MM-DD-YYYY)	Age	In September 2017, I will be entering grade: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
	T-shirt size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	<input type="checkbox"/> I have attended this camp in _____ year.		<input type="checkbox"/> This is my first time application	

B DECLARATION and CONSENT/WAIVER

- I accept all risks and any losses including injury, property damage or death arising from my involvement with the Masonic Youth Leadership Camp.
- I consent to my name and/or photograph being used in any promotional material pertaining to the Masonic Youth Leadership Camp. Further, I waive all rights to or claims of the aforesaid items and release the Grand Lodge of Saskatchewan A.F. & A.M. and anyone acting on its behalf regarding these matters.
- I understand that it is a Leadership training camp and I will commit to learning in a safe, respectful, positive and constructive atmosphere.

Applicant's signature _____ Parent/Guardian Signature _____

PRINT	Parent/Guardian Name	Address		
	Address	Tel #		

C SPONSORING LODGE CERTIFICATION

PRINT		Lodge #	AF&AM GRS in	, Saskatchewan
	W.M.	Tel #	Signature	
	Secretary	Tel #	Signature	

Applicant's fee enclosed \$100.00 Sponsoring Lodge's fee enclosed \$ 300.00 Total \$400.00 enclosed

Instructions: Ensure that parts A and B are filled legibly and completely, and submit to the Masonic Lodge in your area. Part C must be completed by a Sponsoring Lodge
Please note that all cheques should be made payable to the Grand Lodge of Saskatchewan, the memo line may indicate Masonic Youth Leadership Camp.



MASONIC YOUTH LEADERSHIP CAMP

There are two freedoms - the false, where a man is free to do what he likes; the true, where he is free to do what he ought. -Charles Kingsley

CODE OF CONDUCT, RESPONSIBILITIES and REGULATIONS

Conduct that will result in immediate dismissal from camp.

- Possession of any chemical or intoxicating substances
- Smoking
- Foul language
- Assault, damage or gross disrespect of others or property

You have a right and privilege to:

- be respected
- be safe
- learn
- have fun
- privacy and your own personal space

You have however, a duty and responsibility to:

- treat others with respect
- create and maintain a safe environment free from harassment and harm to anyone
- protect the dignity and self respect of others

- respect the personal property of others and to accept their right to privacy
- keep your space clean and neat

OBLIGATIONS

To help us achieve our objectives or contractual requirements to our stakeholders and owners of the camp, we must remind you of your obligations:

- you are responsible to be only where you should be and show respect for counselors, teachers, staff as well as fellow campers;
- no person shall be in a dormitory of the opposite sex, except authorized supervisory staff;
- footwear is mandatory -no bare feet anywhere;
- no junk food;
- no sunflower seeds;
- name tags must be worn at all times;

Head wear not to be worn in the dining room;

PLEASE NOTE:

Cell phones, headphones, mp3 players, game boys, electronic entertainment units, CD-players, i-pods and or similar devices are not permitted at the camp and if brought to the camp they must be turned into the Camp Office for safekeeping.

The keys for vehicles brought to the camp must be turned into the office for the duration of the camp.

If you need to be reached in an emergency, the camp telephone number is (306) 233-4840 and is answered 24 hrs/day.

Reminder: Out of bounds areas:

- kitchen (no thoroughfare) and office table.
- roadway from baseball diamond to entrance
- any area past baseball diamond (unless an event is on)
- area between kitchen/dining hall and septic tank
- any area behind any cabins or dormitories
- under or on top of any building

CERTIFICATION

PLEASE PRINT

My Name

Address

P-Code

Tel #

Cell #

E-mail

I have read the Code of Conduct, Responsibilities and Regulations above, and if accepted to the Masonic Youth Leadership Camp at Wakaw Lake, Saskatchewan, during July 30-August 4, 2017, I promise to obey the letter and spirit of the rules.

Signature

Date

Instructions for applicant :

Completion and timely submission of this form is a prerequisite and condition to your participation at the camp. All camp forms must be submitted with fees to the Grand Lodge office.



MASONIC YOUTH LEADERSHIP CAMP

TRAVEL PLANS

Parent or Guardian:

Insurance and Liability considerations do not make it possible for camp staff to provide transportation to/from the camp. Arrangements have been made by the Leadership Camp staff to provide transportation between the Town of Wakaw and Green Grove Camp site (approx. 3 kms) to those attendees arriving by bus, providing that the travel and contact information and details are provided, and this form is signed by parent or legal guardian and submitted to the Camp Coordinator, Grand Lodge Office.

Travel arrangements and any related expenses are the responsibility of the attendee. If you cannot pick up your child at the conclusion of the camp, it is your responsibility to make alternate arrangements.

In the event a participant arrives in their own car, the keys must be turned into the office for the duration of the camp.

CAMPER

PLEASE PRINT

Camper's name _____

Address _____ P-code _____

Tel # _____ Cell # _____ E-mail _____

Will be arriving by Car By Bus Provide date, time of arrival and details: _____

Will be departing by Car By Bus Provide date, time of departure and details: _____

Details of alternate arrangements: _____

CERTIFICATION

PLEASE PRINT

My Name _____ Mother Father Legal Guardian Other

Address _____ P-Code _____

Tel # _____ Cell # _____ E-mail _____

Remarks _____

Signature _____ Date _____

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INTERESTS and COMPETENCIES

I provide the following information to better allow planning, organization and implementation of the Masonic Youth Leadership Camp, Wakaw Lake, Saskatchewan, July 30-August 4, 2017.

I have my **First Aid/CPR** Certificate Level/Type Date of Issue: Expiry Date: Source:

In order to get to know you and to familiarize your Camp Advisors, please provide as much of the following information as possible. Use and attach additional documents if necessary.

How do you spend your spare time?

What sports are you involved in, do you like?

What extra curricular activities are you involved in at school?

As far as interests and competencies is there anything else you would like to tell us about?

PLEASE PRINT

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EMERGENCY CONTACT

Attendee Name

Parent/ Guardian

Tel Numbers Res: Bus Cell

Address if different from registration form

PLEASE PRINT

IF NOT available, in an Emergency please notify Name

Tel Numbers Res: Bus. Cell

Street address

City/town P-Code

Provincial Health Number

Additional health plans, Group Medical Insurance Blue Cross and/or other medical insurance. Specify Company Name and Insurance Policy Number

AUTHORIZATION FOR HOSPITAL ADMISSION AND /OR DOCTORS CARE

I hereby certify, that to my best knowledge, the information provided on this health record is correct and the person herein described has permission to engage in all prescribed camp activities unless otherwise noted. In the event that I as parent or legal guardian, cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery for my child as named above.

Notes and special instruction provided in addition to the information provided above and on the reverse of this form

PLEASE PRINT

Name

Signature Date

Instructions for applicant: Parent or legal guardian must sign bottom of this page. Completion and timely submission of this form is a prerequisite and condition to your participation at the camp. All camp forms must be submitted with fees to the Grand Lodge office.



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HEALTH RELATED INFORMATION

Attendee Name

Have you ever had or presently have, any of the following

Sinus trouble Frequent colds Ear trouble Diabetes Fainting

Severe allergy Convulsion Hernia Throat Infections Heart trouble

Appendicitis Rheumatic fever Epileptic seizures Cramps in water Eye troubles

Allergies to food

Seasonal allergies

Allergies to medications

Medications that will be brought to camp (Ensure enough is provided for the entire week. These should be turned into the office)

Attention all campers: Please ensure that you bring personal hygiene products with you.

List food and dairy products that you dislike

Comments on items checked above, notes and special instruction provided in addition to the information provided above and on the reverse of this form and other comments in general or information that you feel the camp personnel should know.

I have enclosed # additional pages of information

Name

Initial

Date

Instructions for applicant: Parent or legal guardian must initial the bottom of this page.

Completion and timely submission of this form is a prerequisite and condition to your participation at the camp. All camp forms must be submitted with fees to the Grand Lodge office.

PLEASE PRINT