



The Grand Lodge of Saskatchewan, A.F. & A.M.

1930 Lorne St., Regina, SK S4P 2M1

Please consider me as a candidate for the **Masonic Youth Leadership Camp**
Wakaw Lake, Saskatchewan, July 28 – Aug 2, 2019

PART A

DEMOGRAPHIC INFORMATION

Full Name _____ Nicknames _____

Street Address _____ City/Town _____ Postal Code _____

Camper Email _____ Camper Home Telephone # _____ Camper Cell # _____

Gender _____ Date of Birth _____ Age _____

In September 2019, I will be entering grade 9 10 11 12 Other (Specify) _____

T-shirt size: XS S M L XL XXL XXXL Other (Specify) _____

I have attended this camp previously This is my first application

PART B

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.
- I have read the Code of Conduct, Responsibilities and Regulations included with this application, and promise to obey the letter and spirit of the rules if accepted to the Masonic Youth Leadership Camp.

Applicant's Signature _____

Parent / Guardian Name _____ Parent / Guardian Signature _____

Street Address _____ City/Town _____ Postal Code _____

Parent Email _____ Parent Telephone # _____ Parent Cell # _____

PART C

SPONSORING LODGE CERTIFICATION

Lodge Name _____ Lodge # _____ AF&AM, GRS in _____, SK _____

W.M. _____ Tel # _____ Signature _____

Secretary _____ Tel # _____ Signature _____

Applicant's fee enclosed \$100 Sponsoring Lodge's fee enclosed \$300 Total \$400 enclosed

Instructions: Complete Parts A and B legibly and completely. Part C must be completed by a Sponsoring Lodge. If you do not have a Sponsoring Lodge, please contact Grand Lodge. (See contact information below)



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PART D

CODE OF CONDUCT, RESPONSIBILITIES AND REGULATIONS

It is our commitment to provide a safe, respectful and positive experience for all

As such, we expect all campers and staff 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
- Accept that others have the right to privacy
- Keep your space clean and neat

OBLIGATIONS

- Be only where you should be and show respect for all campers and staff
- No person shall be in a dormitory of the opposite sex, except authorized supervisory staff
- Footwear is mandatory – no bare feet except during water-based activities
- No sunflower seeds
- Name tags must be worn at all times except while swimming
- Head wear is not to be worn in the dining hall or meeting hall

OUT OF BOUNDS AREAS

- Kitchen and office table in dining hall
- Roadway from baseball diamond to entrance
- Any area past volleyball net unless supervised
- Any area behind cabins, dormitories, dining hall, kitchen, or washrooms
- Under or on top of any building

MAJOR VIOLATIONS

Any camper that breaks any of the following rules will be sent home at parent's cost.

- Possession of any chemical or intoxicating substances (e.g., alcohol, marijuana and other non-prescription drugs)
- Smoking
- Assault, damage or gross disrespect of others or property

SPECIAL CONSIDERATIONS

- Cell phones and other electronics are not permitted at camp and must be turned into the camp office for safekeeping.
- If you need to contact the camp in an emergency, the telephone number is 1-306-233-4840



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CONFIDENTIAL WHEN COMPLETED

PART E

HEALTH INFORMATION

Full Name _____

Street Address _____

City/Town _____

Postal Code _____

- | | | | | |
|---|--|---|---|--|
| <input type="checkbox"/> Sinus trouble | <input type="checkbox"/> Frequent colds | <input type="checkbox"/> Ear trouble | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Severe allergy | <input type="checkbox"/> Convulsion | <input type="checkbox"/> Hernia | <input type="checkbox"/> Throat infection | <input type="checkbox"/> Heart trouble |
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Epileptic seizures | <input type="checkbox"/> Cramps in water | <input type="checkbox"/> Eye trouble |
| Allergies to food _____ | | Seasonal allergies _____ | | |

Allergies to medications _____

Medications that will be brought to camp (to be turned in to the office) _____

List food and dairy products that you dislike (not allergies) _____

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

I have enclosed # _____ additional pages of information

Parent Name _____

Parent Initial _____

Date _____

Instructions for applicant: Parent or legal guardian must initial the bottom of this page. Complete and timely submission of this form is a prerequisite and condition to your participation at the camp.



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PART F

EMERGENCY CONTACT INFORMATION

Camper Name _____

Provincial Health Number _____

Additional health plans, group medical insurance, Blue Cross and/or other medical insurance. Specify company name and policy #.

Parent / Guardian Name _____

PRINT

Telephone # _____

Business # _____

Cell # _____

Address if different from registration form

If **NOT** available, in an Emergency please notify Name _____

Telephone # _____

Business # _____

Cell # _____

Address _____

City/Town _____

Postal Code _____

PART G

AUTHORIZATION FOR HOSPITAL ADMISSION AND/OR DOCTOR 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 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 coordinator to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery for my child as named above.

Notes and special instructions provided in addition to the information provided on this form.

PRINT

Parent Name _____

Tel # _____

Signature _____

Date _____