



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 27 – August 1, 2025

PART A

DEMOGRAPHIC INFORMATION

Full Name: _____ Preferred/Nickname: _____

Street Address: _____ City/Town: _____ Postal Code: _____

Camper's Email: _____

Camper's Home #: _____ Camper's Cell#: _____

Gender: _____ Date of Birth: _____ Age: _____

In September 2025 Camper will be entering grade: 9 10 11 12 _____

T-Shirt Size: XS SM MD LRG XL XXL XXXL Other (Please Specify) _____

I have previously attended this camp: Yes No (first time applicant) _____

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.



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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/Guardian Email: _____

Parent/Guardian Home#: _____ Parent/Guardian Cell#: _____

PART C **SPONSORING LODGE CERTIFICATION**

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

W.M.: _____ W.M Signature: _____ Tel: _____

Secretary: _____ Secretary Signature: _____ Tel: _____

Applicant's Fee Enclosed \$125 Sponsoring Lodge's Fee Enclosed \$400 Total Enclosed \$525

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 in footer)



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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 other 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
- Other areas instructed by staff.

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 nonprescription 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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PART E

HEALTH INFORMATION

CONFIDENTIAL WHEN COMPLETED

Full Name: _____

Street Address: _____

City/Town: _____ Postal Code: _____

Please check all that apply:

- | | | | | |
|---|--|---|---|--|
| <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 |

Please list any/all allergies (ie: food, medication, seasonal):

Medications that will be brought to camp (to be turned in to the office) It should be noted that the camp coordinator and staff are not trained medical personnel and thus any and all medical concerns for the camper should be noted on this application so that we can make an informed decision as to whether or not we can provide the needs of the applicant.

Please list any disliked food/dairy products (not allergies):



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Comments on items checked above, notes and special instructions provided. In addition, any other information that you feel we should know regarding the applicant:

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 of your participation at the camp.

PART F

EMERGENCY CONTACT INFORMATION

CONFIDENTIAL WHEN COMPLETED

Camper Name: _____

Provincial Health Number: _____

Additional Health Plans, Group Medical Insurance, Blue Cross and/or other medical insurance. Specify name and policy #:

Parent/Guardian Name: _____

Telephone# _____ Business# _____ Cell# _____

Address (If different from registration form):



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If parent/guardian are **NOT** available, in an Emergency please contact:

Name: _____ Relation to Camper: _____

Telephone#: _____ Business#: _____ Cell#: _____

Street 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:

Parent/Guardian Name: _____

Signature: _____ Telephone: _____

Date: _____