

YOUTH REGISTRATION FORM

ELEVENTH ANNUAL MASONIC YOUTH WEEKEND Sponsored by the Most Worshipful Grand Lodge of Texas

May 2 - 4, 2008

Greene Family Camp – Bruceville, Texas

Registration Fee: \$75.00 / Late Registration Fee: \$85.00 after

Tuesday, April 15, 2008!

Please type or print legibly

If you are under 21 years of age, you must fill out this form!



Name:		
Address:		
City:	State (if other than Texas):	Zip:
Assembly / Chapter (circle one & add name/number):		Location:
Current Office / Title or /Advisor Status:		Age:
Email Address:		
Shirt Size (circle size) : Small Medium Large X-Large XX-Large XXX-Large XXXX-Large (price included in registration fee)		

RELEASE AND CONSENT FORM

- I, the undersigned Parent or Legal Guardian of (name of youth) _____, do hereby give my consent and permission for him / her to participate in the *Tenth Annual Masonic Youth Weekend*. I understand all of the activities on the published agenda for this function and give my permission for my child to participate in all the published activities; WITH THE FOLLOWING EXCEPTIONS: (state on following lines below, if NONE, write NONE) _____
- In the event of injury or illness to the above named minor, I, the undersigned Parent or Legal Guardian, hereby authorize any Grand Lodge Youth Activities Committee Member or adult DeMolay Advisor, or Rainbow Advisory Board Member in attendance to secure, and any physician in attendance to provide, such emergency medical treatment as shall be deemed necessary by those present, including but not limited to hospitalization, injections, anesthesia, surgery, x-ray, blood, and medications. I understand that every reasonable effort shall be made to contact me prior to medical treatment.
- The above named minor is subject to the following medical problems, and/or is receiving treatment under the supervision of proper medical authorities as follows: (state on following lines, if NONE, write NONE) _____
- Neither the Grand Lodge of Texas nor the Jurisdiction of Texas for the Order of DeMolay, or the International Order of the Rainbow for Girls, maintains any medical insurance for its members. I understand that I will be responsible for any and all costs of medical treatment incurred by or on behalf of (name of youth). My family health insurance carrier and policy numbers are as follows:

Insurance Company Name	Policy Number	Policy Holder's Name
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Insurance Company Name	Policy Number	Policy Holder's Name
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- I, the undersigned Parent or Legal Guardian, AND the undersigned Youth (legal minor), do hereby agree that we will abide by the Statutes, Rules, Regulations, and Edicts of the Grand Lodge of Texas and its duly authorized representatives. We agree that, if in the opinion of any DeMolay Advisor, or Rainbow Advisory Board Member, either of us should be removed or asked to leave any Masonic Youth Weekend activity for violation of the same, that the undersigned Parent or Legal Guardian will immediately take the necessary action to cause the transportation of violator from the activity site and the expense of the undersigned Parent or Legal Guardian.
- We hereby agree to release and hold harmless the Grand Lodge of Texas, the Grand Master of Texas, and its members along with DeMolay International and its Jurisdiction of Texas affiliates, and the International Order of the Rainbow for Girls and its Jurisdiction of Texas affiliates, from all claims or cause of action which the undersigned has or may have. This specifically includes any and all activities, which arise out of the attendance at the *Eleventh Annual Masonic Youth Weekend*, including transportation to and from said event. I also understand if I am under the penalty of suspension in any Masonically Affiliated group that I cannot participate in the event.
- IN THE EVENT OF AN EMERGENCY AND THE UNDERSIGNED PARENT OR LEGAL GUARDIAN CANNOT BE REACHED, THE UNDERSIGNED PARENT OR LEGAL GUARDIAN HEREBY AUTHORIZES THE FOLLOWING PERSON TO ACT ON THEIR BEHALF:

Name: _____ Phone: _____

Address: _____ Relationship: _____

- Parent or Legal Guardian: Please provide the following information about yourself:

Full Name: _____

Address: _____

City / State / Zip: _____

Telephone: (Home) _____ (Work) _____

Relationship to Youth: _____

Signature of Parent or Legal Guardian

Signature of Youth (Legal Minor)



ADULT REGISTRATION FORM
FOR THOSE OVER 21 YEARS OF AGE ONLY!
ELEVENTH ANNUAL MASONIC YOUTH WEEKEND



Sponsored by the Most Worshipful Grand Lodge of Texas
 May 2 - 4, 2008

Greene Family Camp – Bruceville, Texas

One Registration Form per Person

DEADLINE: Postmarked by Tuesday, April 15, 2008

Registration Fee: \$75.00 / Late Registration Fee: \$85.00

Please type or print legibly

Name:		
Address:		
City:	State (if other than Texas):	Zip:
Assembly / Bethel / Chapter (Circle one & add name / number):		Location:
Highest Office / Title:		
Email Address:		
Shirt Size (circle size) : Small Medium Large X-Large XX-Large XXX-Large XXXX-Large (price included in registration fee)		

RELEASE AND CONSENT FORM

- In the event of injury or illness, I, _____, hereby authorize any Grand Lodge Youth Activities Committee Member or adult DeMolay Advisor, or Rainbow Advisory Board Member in attendance to secure, and any physician in attendance to provide, such emergency medical treatment as shall be deemed necessary by those present, including but not limited to hospitalization, injections, anesthesia, surgery, x-ray, blood, and medications. I understand that every reasonable effort shall be made to contact my spouse or family prior to medical treatment.
- I have the following medical problems, and/or am receiving treatment under the supervision of proper medical authorities as follows: *(state on following lines, if NONE, write NONE)* _____
- Neither the Grand Lodge of Texas nor the jurisdiction of Texas for the Order of DeMolay, or the International Order of the Rainbow for Girls, maintains any medical insurance for its members. I understand that I will be responsible for any and all costs of medical treatment incurred by or on my behalf. My family health insurance carrier and policy numbers are as follows:

Insurance Company Name	Policy Number	Policy Holder's Name
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Insurance Company Name	Policy Number	Policy Holder's Name
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- I, the undersigned, do hereby agree that I will abide by the Statutes, Rules, Regulations, and Edicts of the Grand Lodge of Texas and its duly authorized representatives. I agree that, if in the opinion of any DeMolay Advisor, or Rainbow Advisory Board Member, I should be removed or asked to leave any Masonic Youth Weekend activity for violation of the same, that I will immediately leave the activity site at my own expense.
- I hereby agree to release and hold harmless the Grand Lodge of Texas, the Grand Master of Texas, and its members along with DeMolay International and the International Order of the Rainbow for Girls and its Jurisdiction of Texas affiliates, from all claims or cause of action which the undersigned has or may have. This specifically includes any and all activities, which arise out of the attendance at the **Eleventh Annual Masonic Youth Weekend**, including transportation to and from said event.
- IN THE EVENT OF AN EMERGENCY, AND I AM UNABLE TO ANSWER FOR MYSELF, CONTACT THE FOLLOWING PERSON TO ACT ON MY BEHALF:

Name: _____ Phone: _____

Address: _____ Relationship: _____

Signature of Registrant

IMPORTANT INFORMATION FOR ALL ATTENDEES

PLEASE NOTE: If you are currently suspended or expelled in any of the Texas Masonic Youth Organizations, you may not attend this function.

ITEMS TO BRING WITH YOU TO CAMP

- ? Sleeping bag, bedroll, or sheets and blankets, and pillow
- ? Clothing appropriate for temperature: T-Shirts, shorts, jeans, and light jacket (this is a casual weekend, please dress accordingly)
- ? Poncho or umbrella in case of rain
- ? Closed-toe shoes are recommended due to the hilly/rocky terrain of the camp (i.e., Tennis-shoes or hiking boots – sandals and flip-flops are not recommended except in the swimming pool area)
- ? Modest swimming suit
- ? Towels -- several (for bathing, swimming and other water related activities)
- ? Personal toiletries (soap, shampoo, toothbrush & toothpaste, deodorant, etc.)
- ? Snacks / drinks to share with your cabin mates
- ? Money for refreshments at dance

DO NOT BRING THESE ITEMS WITH YOU TO CAMP

- ? Any tobacco products (cigarettes, chewing tobacco, etc...) – Greene Family Camp is a non-tobacco facility
- ? Firearms, knives, or any other type of weapon
- ? Fireworks
- ? Alcoholic beverages and illegal drugs

WATERBALLOONS, WATERGUNS & SHAVING CREAM FIGHTS

There will be a designated area for this type of activity. Please refrain from activities using these items in or around the cabins and their walkways, meeting rooms and dining area.

FAILURE TO COMPLY WITH THE ABOVE MAY BE CAUSE FOR YOUR REMOVAL FROM THIS EVENT!

The following is a **TENTATIVE AGENDA** for the weekend to enable youth attendees and their parents / guardians to understand what will be involved in this weekend. If there is any activity on this tentative agenda that you do not wish your youth to participate in, please indicate this in the appropriate place (Item 1 on the reverse side) on the Youth Registration form. A Final Agenda will be distributed at Registration Check-In for all attendees.

TENTATIVE AGENDA

<u>Friday, May 2nd</u>	<u>Saturday, May 3rd</u>	<u>Sunday, May 4th</u>
6:00-11:00 PM Check-In	8:15-8:50 AM Breakfast	8:00-10:30 AM
11:00- 12:00 Midnight	9:00 AM – NOON Morning Activities	Breakfast / Devotional / Slide Show / Q&A / Leadership Comments /
Official Welcome Meeting at Campfire	12:00 NOON-12: 45 PM Lunch	Grand Masters Comments
W / S'mores	1:00 – 5:00 PM Afternoon Activities	10:30 AM Clean-up / Check-Out
12:00 Midnight In Cabins	5:00-6:00 PM Free Time	
	6:00-7:00 PM Dinner	
	7:00-Midnight Dance (Casual Attire)	

Send Completed Registration Forms and Fees to:

Kent B. Crickard
200 S. Callaghan Road
San Antonio, Texas 78227-1547

MAKE CHECKS PAYABLE TO: The Grand Lodge of Texas

**Registration Deadline:
Tuesday, April 15, 2008**

Greene Family Camp Emergency Contact Phone Number Only: (254) 859-5412

MASONIC YOUTH WEEKEND

Money Sheet

_____ Registrations at \$75.00 per person Total \$ _____

_____ Late Registrations at \$85.00 per person Total \$ _____

Grand Total \$ _____

NOTE

Make all checks payable to: THE GRAND LODGE OF TEXAS

There must be at least ONE Advisor registered and staying for every TEN DeMolays. The advisor-participant ratio for Rainbows will be that required by that organization's rules.

The Advisor in charge of your Delegation is:

Chapter or Assembly's Name and Number: _____

Name: _____

Address: _____

City: _____ Zip: _____

Business Phone: _____ Home Phone: _____

Email: _____

(Please attach all checks here)

PLEASE RETURN THIS FORM ALONG WITH ALL OTHER FORMS TO:

Kent B. Crickard
200 S. Callaghan Road
San Antonio, Texas 78227-1547