

ROBERT E. CONNOR JR.

MASONIC YOUTH CAMP OF TEXAS APPLICATION

Name:

(First) \_\_\_\_\_ (M.I.) \_\_\_\_\_ (Last) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County of Residence: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Fathers Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Father's Phone: Work: \_\_\_\_\_ Home \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Mother's Phone: Work \_\_\_\_\_ Home \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Guardian's Address: \_\_\_\_\_

Guardian's Phone: Work: \_\_\_\_\_ Home: \_\_\_\_\_

School Attended: \_\_\_\_\_

Approving School Official: \_\_\_\_\_

***Applicant must have maintained a 2.0 grade point average or C equivalent during the past school year***

**Family Income (check one):**

<input type="checkbox"/>	Less than \$10,000
<input type="checkbox"/>	\$10,001 - \$15,000
<input type="checkbox"/>	\$15,001 - \$20,000
<input type="checkbox"/>	\$20,001 - \$25,000
<input type="checkbox"/>	\$25,001 - Up

**APPLICANTS HEALTH INFORMATION**

<b>In case of emergency notify</b>		<b>Phone</b>	
<b>Primary Care Physician:</b>		<b>Phone</b>	

**List Past Illnesses:**

<b>1.</b>	
<b>2.</b>	
<b>3.</b>	

**Please list any allergies, i.e. medicine, foods, etc.**

_____	_____
_____	_____
_____	_____

**Does applicant take any medications? If yes, please list all medication(s) and the frequency that medication(s) must be given.**

<b>Is the applicant current on all required immunizations?</b>	<b>Yes</b>		<b>No</b>	
<b>If no, please indicate which immunization(s) which applicant is not current.</b>				
	<b>DTaP (Diphtheria, Tetanus, Pertussis)</b>			
	<b>MMR (Measles, Mumps, Rubella)</b>			
	<b>Polio</b>			
	<b>Chickenpox</b>			
	<b>Other:</b>			

<b>Can applicant swim?</b>	<b>Yes</b>		<b>No</b>	
<b>If yes, can applicant participate in water activities?</b>	<b>Yes</b>		<b>No</b>	

<b>Can applicant participate in sport activities?</b>	<b>Yes</b>		<b>No</b>	
<b>If no, please Explain.</b>				

**CONSENT TO ISSUE MEDICATION**

I, the parent/guardian of the applicant, hereby authorize the staff of the Prince Hall Masonic Youth Camp and or members of the Most Worshipful Prince Hall Grand Lodge of Texas to issue any and all prescribed medicine by a medical doctors to my child; and any over-the-counter medicine with instructions for distribution of the medicine from the parents.

Parent/Guardian Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

**RELEASE OF LIABILITY**

I, the parent/guardian of the applicant, hereby indemnify and hold harmless the Most Worshipful Prince Hall Grand Lodge of Texas, its agents, employees or contractors, the Cathedral Oaks Retreat Center, its agents, employees or contractors of any liability for injury or damage caused by the act or negligence of my child occurring while participating with the Prince Hall Masonic Youth Camp of Texas.

Parent/Guardian Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

**General Information**

Arrival time for Camp: Date: \_\_\_\_\_ lime: \_\_\_\_\_

Pick up time: Date: \_\_\_\_\_ Time: \_\_\_\_\_ until \_\_\_\_\_

**If you are going to be late, please contact the Camp Director at (409) 263-5935**

**PARENT/GUARDIAN RESPONSIBLE FOR PICKING UP CAMPER:**

Name: \_\_\_\_\_ Contact Number: ( \_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Contact Number: ( \_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Contact Number: ( \_ ) \_\_\_\_\_

Your child will not be released to anyone whose name does not appear on the above list.

**THINGS TO BRING TO CAMP**

Two (2) sheets, Two (2) pillow cases, one (1) pillow, rain gear, toilet articles, notebook, pencil, flashlight, towels, washcloth, soap, pajamas, change of clothes, underwear, toothpaste, toothbrush, swimsuit, insect repellent, baseball glove (if possible), comb and brush, blanket, spending change (not to exceed \$20). All money must be reported to the Camp Director or the appropriate designee upon arrival.

**PARENT/GUARDIAN CERTIFICATION**

I certify that the information on this application to the Most Worshipful Prince Hall Grand Lodge of Texas is true and correct to the best of my knowledge.

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mothers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SPONSOR'S INFORMATION: (TO BE COMPLETED BY DISTRICT DEPUTY)**

District Deputy Grand Master. \_\_\_\_\_ District #: \_\_\_\_\_

Masonic Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: Work ( \_\_\_\_\_ ) \_\_\_\_\_

Home ( \_\_\_\_\_ ) \_\_\_\_\_

Address: (city and zip code) \_\_\_\_\_

Sponsorship fee Paid: Yes                      No \_\_\_\_\_

Grand Lodge Scholarship: Yes                      No \_\_\_\_\_ (Must be approved by Grand Master)

**MOST WORSHIPFUL PRINCE HALL GRAND LODGE OF TEXAS (OFFICE USE ONLY)**

Date received: \_\_\_\_\_ Amount of Fees Submitted: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date submitted to Camp Director \_\_\_\_\_

## **Parent/Guardian Responsibility**

The **Parent/Guardian** of a participant in the Robert E. Connor, Jr. Youth Camp of Texas is required to complete the following Applications prior to acceptance to the camp:

1. Robert E. Connor, Jr. Masonic Youth Camp Application
2. Participant's Health Examination Form
3. General Information Form
4. Release of Liability Form
5. Consent for Medication Form

The **Parent/Guardian is responsible** for ensuring that each participant brings the following items to camp:

1. Required medication
2. Tooth paste, soap, towels, linen, pillow, etc.
3. Spending money not to exceed \$20.00.
4. Adequate clothing for four days.
5. Swimming trunks

(Participants at the camp will not be permitted to wear earrings or excessive jewelry. Participants will not be permitted to wear pants or shorts that hang below their waist).

## **Policies and Procedures**

### **Rules and Guidelines**

1. Each participant must obey the rules and guidelines established by the Camp Director and his Staff
2. Each participant must obey the rules and regulations of Cathedral Oaks Retreat Center.
3. Participants will be grouped and housed according to their ages. (9-11, 12-14, 15-17).
4. Failure to adhere to the established rules and regulations may bring cause for dismissal from the Camp.

### **Telephone Usage**

Long distance calls are to be placed with credit/phone cards **only**. The phone number of Cathedral Oaks (Camp Location) is (979) 263-5935. The phones will ring in the Main Hall where a staff person will be located 90% of the time. Parents are encouraged to maintain the above phone number in the event of an emergency.

**No cellular telephones or beepers will be allowed.**

## **Policies and Procedures (Continued)**

### **Food and Drinks**

Each participant will receive three balance meals per day. No food or drinks will be allowed in the dorms.

Parents/Guardians are to inform the Camp Director of any special diet, or other food requirements in writing.

### **Room Accommodations and Guidelines**

There are three modern living areas at the Camp Site. Dorms A&B each have six rooms with both single and bunk style beds. The six rooms in each dorm center around a large restroom, and all are totally handicapped accessible. Dorms A&B are connected to the Main Hall by a covered walkway. Each dorm sleeps 28 people.

Each participant in the Camp will be responsible for keeping his living area clean. No wet clothing or towels shall be laid or hung on beds, chairs, and drapery rods or placed on the top of doors or heating/AC units. A clothesline for that purpose has been installed behind the dorms.

All trash shall be placed in plastic bags, which are furnished by the Camp. The Camp's location has septic tanks and great care must be taken to prevent problems. Signs are posted above each toilet giving instructions that must be followed for proper use.

All facilities at the Camp used by participants will be kept clean, neat and orderly.

### **Prohibited Items**

Alcoholic beverages and illegal drugs are not permitted at the Camp by participants. All firearms are prohibited including BB guns, air rifles and fireworks. The use of tobacco in any form is not permitted. No animals will be allowed at the Camp.

### **Swimming Pool Rules**

1. No swimming without lifeguards present in the pool area.
2. No running! No tag! No pushing others!
3. No horseplay! No throwing others in pool! No diving!
4. No food or drink! No glass containers!
5. No hanging on water volleyball net.

Any person having a skin disease, open sores, inflamed eyes, nasal infections or any communicable disease will not be permitted to use the swimming pool. Campers must wear swimming trunks. Lifeguards will monitor all swimming events and enforce the pool rules.