



**The Youth Department of the
The Most Worshipful Prince Hall Grand Lodge,
F&AM, State of California, Inc.**



“Lets us secure our Future, by molding our boys into Young Men”

YOUTH INFORMATION

Name _____ Grade _____ DOB _____ School _____

Primary Address: _____

Secondary Address: _____

Youth Email _____

Youth Home Phone _____ Youth Cell Phone _____

PARENT/GUARDIAN INFORMATION

Name(s) _____

Email(s) _____

List all phone numbers where the parent/guardian can be reached (type: i.e. home, cell)

Name _____ # _____ Type? _____

Name _____ # _____ Type? _____

Name _____ # _____ Type? _____

Name _____ # _____ Type? _____

EMERGENCY CONTACT

Name _____ # _____ Relation? _____

Name _____ # _____ Relation? _____

PARENTAL CONSENT

The undersigned does hereby give permission for my child _____ (child's name) (“Participant”), to attend and participate in the Pythagorean Knight Youth Conclave activities, events, retreats through the period of July 17, 2017 – July, 18, 2017.

Registration Fees

| | |
|--|----------|
| Early Registration Due by 5/16/17 | \$225.00 |
| Early Registration (No Room) Due by 5/16/17 | \$100.00 |
| Onsite Registration | \$250.00 |
| Onsite Registration (No Room) | \$120.00 |
| Extra Banquet Ticket discount | \$ 40.00 |



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LIABILITY RELEASE: In consideration of The Most Worshipful Prince Hall Grand Lodge State of California Inc. allowing the Participant to participate in the Order of the Pythagorean Knights conclave I, the undersigned, do hereby release, forever discharge and agree to hold harmless The Most Worshipful Prince Hall Grand Lodge State of California Inc., its directors, employees, volunteers and teachers collectively herein the from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the children/youth activities. I the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in children/youth activities, including trips away from the conference premises. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said organization for any liability sustained by said organization as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for my child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my child/youth to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by The Most Worshipful Prince Hall Grand Lodge State of California Incorporated. My child/youth and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

_____ x _____
Name of youth participant Signature of youth participant Date

_____ x _____
Name of parent/guardian Signature of parent/guardian Date



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MEDICAL INFORMATION

YOUTH INFORMATION (Please Print)

Youth Full Name _____ Nickname _____ Home
Address _____ Home Phone
_____ DOB _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Name(s): _____
List all parent/guardian contact phone numbers in best order to be reached: _____

NON-PARENT/GUARDIAN EMERGENCY CONTACTS

Name: _____ Relation: _____
Phone(s): _____

PRIMARY CARE PHYSICIAN

Name: _____
Phone(s) _____ Fax: _____
Name of practice: _____
Date of last Tetanus shot (required) _____

INSURANCE INFORMATION

Medical Insurance Company: _____ Phone: _____
Policy/Group ID#: _____ Policy
Holder's Name (please print): _____

Required: Attach a copy of medical insurance card here.



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MEDICATION:

List all medications the youth will take during any youth ministry trips, retreats, or events. This includes any prescription, non-prescription medications, herbal supplements and vitamins. Any participant under the age of 18 is required to give **ALL MEDICATIONS to the adult youth leader in their original containers with complete dispensing instructions before the start of the event. Youth are not permitted to carry any prescription or non-prescription medication and will be sent home at the parent/guardian’s expense if they do.**

| Medication Name | Dose | Treatment for | Dispensing instructions |
|------------------------|------------|---------------------------|---|
| <i>Example: Zyrtec</i> | <i>5mg</i> | <i>Seasonal allergies</i> | <i>Take one pill daily in the morning with food</i> |
| | | | |
| | | | |

Over-the-Counter Medication Permission: Do you give permission for your child/youth to be given over-the-counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (i.e. Tylenol, Advil, antacids, Benadryl) while at a youth ministry event?

No. Contact me or get medical help if my child has any minor medical concerns.
Parent signature_____

Yes. I give permission for an adult youth leader to give my child approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions.
Parent Signature_____

MEDICAL CONDITIONS: Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

1. List any medical conditions you have (asthma, diabetes, epilepsy, etc.):
2. List any allergies (drug/medicine, food, and/or environmental) and the severity and type of reaction:
3. Please explain any other pertinent information about the participant (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know.



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The Most Worshipful Prince Hall Grand Lodge State of California Inc. Covenant of Community Expectations

The following rules and guidelines are equally binding on adult leaders/chaperones and youth.

NON-NEGOTIABLE RULES

Any participant failing to abide by these rules will be sent home immediately at personal/family expense.

- No use of illicit drugs or alcohol
- Presence at and full participation in all group activities, including adherence to curfews and other time-related instructions
- No sexual misconduct (defined as exposure, touching, or inappropriate reference to body areas normally covered by undergarments)
- Must be in assigned rooms by designated time
- Coed visitation only in assigned community room
- Smoking and the use of tobacco products are not allowed to, from, or during any trip.
- Will not break any American laws in the United States or any other country.

HABITATION GUIDELINES FOR CONCLAVE

- Adults and youth will be equally responsible for performing assigned tasks in a timely and cooperative manner.
- Participants will be respectful, encouraging, and will maintain a positive attitude toward others at all times.
- Participants will be respectful of both common living spaces and the property of others.
- Participants will avoid the use of foul language, cursing, or any speech (including “humor”) which puts down, makes fun of, or stereotypes other persons or groups.
- Sleeping areas for males and females will be separate.

Youth Participant’s (or Adult Leader’s) Statement: By signing this form, I pledge to honor and respect others during this activity by following the rules and guidelines printed above. I understand that I cannot participate in the activity unless this completed form is on file.

x _____
Youth Participant’s or Adult Leader’s Signature Date

Parent/Guardian’s Statement: By signing this form, I agree to support the Habitation Guidelines for Conclave Expectations printed above, and will accept responsibility for the payment of my child’s return transportation should s/he break one of the non-negotiable rules.

x _____
Parent/Guardian’s Signature Date



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**The Most Worshipful Prince Hall Grand Lodge State of California
Incorporated
Photo Release Form for Children and Youth**

I agree that The Most Worshipful Prince Hall Grand Lodge State of California Inc. may photograph and record my child/dependent's likeness and activities (Images)¹ during related activities. I grant the following rights to The Most Worshipful Prince Hall Grand Lodge State of California Incorporated: permission to use and re-use, publish and re-publish, and modify or alter the Image(s) taken during the shoot. Use of the Images for editorial, commercial, trade, advertising, and any other purpose may be done in any medium now existing or subsequently developed, on the church website and on the Internet, and worldwide in perpetuity for the purposes stated above.

I waive my right to inspect or approve any editorial text or copy that is used in connection with the Images and release and discharge The Most Worshipful Prince Hall Grand Lodge State of California Incorporated from any and all claims arising out of use of the Images for the purposes described above, including any claims for libel, invasion of privacy, or other tortuous act.

I have read the foregoing. I fully understand its contents, understand that this agreement does not expire, and confirm my agreement by signing below. I am over the age of 21 and have legal capacity to sign the release.

Child/Youth's Name (print)

Parent/Guardian Name (print)

x

Parent/Guardian Signature

Date

Street Address

City, State, Zip



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Order of the Pythagoras Knights
 Consent to Travel and Emergency Medical Authorization & Release Form

1. This form authorizes _____ to travel with _____.
Sir Knight's Name
 _____ Order of The Pythagoras Knights both in and out of town.

2. This form also authorizes Emergency Medical Treatment for _____ In
Child's Name
 Case of injury on In-Town or Out-Of-Town trips. Parents can be reached at: _____
 Address: _____ Phone Number: _____
 Cell Phone Number _____.
 Place of Employment _____ Phone Number: _____

If I cannot be reached at any of the above numbers, please contact:

| | | |
|---------------------|-----------------------------|--------------------------|
| | | |
| <small>Name</small> | <small>Relationship</small> | <small>Phone No.</small> |

In case of injury or sickness, this form gives my permission to a qualified physician or dentist or Emergency Room to give medical attention to my child as needed.

***** Parent(s) Signature** _____ **Date:** _____



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OPK Conference Agenda

Sunday July 16, 2017

Sunday July 16th, 2017 – OPK Registration

Raging Waters Cookout 3pm-7pm

Grand Council Hospitality & Game night 8pm-10pm

Bed Check 10:30 (all advisors)

Monday July 17th, 2017 OPK Breakfast 6am-7:30am

OPK Grand Conclave 8am-12pm

Grand Youth Lunch and GMK address. 12pm-1:30

Grand Council visitation to Grand Lodge (TBD)

Grand Youth Board of Directors Address

Youth Leadership Breakout sessions 3pm-4:30pm

Grand Council Elections 2017

OPK Grand Council Closing.

Tuesday July 18th, 2017 Grand Board/Grand Council Calendar Meeting 12pm-2pm

Youth Council Advisors Training

Close of OPK Grand Session