



# ODD FELLOWS AND REBEKAHS

## United Nations Pilgrimage for Youth



### DELEGATE 2017 REGISTRATION FORM

### PLEASE PRINT

#### DELEGATE MUST PROVIDE:

- Two Completed Copies of Delegate Registration Form
- Two Color Copies of Current Photo
- Two Color Copies of Passport Page (NOT Passport Card)
- Two Copies of Proof of Out of Country Insurance
- Two Copies of Front and Back of Insurance Card
- Current Physical (Not before January 15, 2017)

Attach Photo Here

Male  Female

Tee-Shirt Size (Circle One)   S     M     L     XL     2XL     3XL  

Full Name (First, Middle, Last) \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State/Province/Country \_\_\_\_\_ Postal Code / Zip Code \_\_\_\_\_  
 Phone: Home \_\_\_\_\_ Delegate's Cell \_\_\_\_\_  
 Delegate's Email \_\_\_\_\_ Nickname \_\_\_\_\_  
 Sponsoring Lodge and Number \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State/Province/Country \_\_\_\_\_  
 Postal Code / Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Jurisdictional Chairperson Application Approval Signature \_\_\_\_\_

### PROOF OF INSURANCE

All delegates must have medical insurance for Out of Country travel.  
 Two Copies of Front and Back of Insurance Card required.

Name of Health Plan Provider \_\_\_\_\_  
 Policy # \_\_\_\_\_ Insurance Company Phone \_\_\_\_\_  
 Policy Holder Name \_\_\_\_\_ Relationship \_\_\_\_\_

### EMERGENCY CONTACT

Person to notify in case of emergency:  
 Name: \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Phone: Home: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Work: \_\_\_\_\_  
 Email: \_\_\_\_\_

Alternate Emergency Contact:  
 Name: \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Phone: Home: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Work: \_\_\_\_\_  
 Email: \_\_\_\_\_

Parent/ Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## MEDICAL RELEASE

Date of Examination \_\_\_\_\_ Name of Physician (please print) \_\_\_\_\_  
Address: \_\_\_\_\_ Phone \_\_\_\_\_

Delegate: Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_  
General Health: \_\_\_\_\_ Childhood Diseases: \_\_\_\_\_  
Previous Sickness Requiring Hospitalization: \_\_\_\_\_  
Operations: \_\_\_\_\_ Injuries: \_\_\_\_\_

(Important: *PLEASE PRINT LEGIBLY*)

Medical conditions currently under treatment: \_\_\_\_\_  
Medication(s): Name of Medication(s): \_\_\_\_\_  
Type of Medication(s): (tablet, liquid, capsule or inhaler) \_\_\_\_\_  
Dosage: \_\_\_\_\_ Time and Frequency: \_\_\_\_\_  
Possible side effects: \_\_\_\_\_

Mental disorders or convulsions: \_\_\_\_\_  
Any evidence of Rheumatic Fever \_\_\_\_\_ Diabetes \_\_\_\_\_ Fainting Spells \_\_\_\_\_  
Allergies: \_\_\_\_\_

The following physical condition should be noted (if applicable)

Eyes _____	Heart _____
Lungs _____	Neurological _____
Skin _____	Musculoskeletal _____
Other _____	

I certify that I have examined the delegate and find her/him medically qualified to participate in the “Odd Fellows and Rebekahs United Nations Pilgrimage for Youth Program”.

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

## MEDICAL WAIVER

The following medications will be in possession of the delegate (PLEASE PRINT LEGIBLY):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that it the full responsibility of the delegate to maintain and administer their own medication.  
Should my son or daughter incur any injury or illness while participating in the “Odd Fellows and Rebekahs United Nations Pilgrimage for Youth Program”, I authorize immediate medical attention including treatment or care beyond the terms of my insurance. Should the nature of any accident or illness prevent further participation in the Program, I understand that my son or daughter will be returned home at my expense.

Parent/ Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## PERSONAL

Method of selection for participation in the Program: \_\_\_\_\_

**The delegate must be 16 - 17 years of age with at least 1 year of high school remaining at the time of the beginning of the trip.**

Age verified by Jurisdictional Chairman Signature: \_\_\_\_\_

Is the delegate willing and able to take part in considerable daily walking and stair climbing?

Yes       No

Does the delegate require special meals for health or religious reasons?

Yes       No      If yes, please explain and suggest suitable foods. \_\_\_\_\_

Is the delegate a member of the Independent Order of Odd Fellows?

Yes       No      If yes, name of Lodge and location. \_\_\_\_\_

As a delegate on the Odd Fellows and Rebekahs United Nations Pilgrimage for Youth, I agree to participate fully in the Program. Upon my return, I am willing to give reports and/or speeches to explain what I experienced and learned.

## PRIVACY STATEMENT

The information contained in this form is used by management of the program to select and administer the program. Except in case of medical emergency, information will not be disclosed to third parties. In the case of medical emergency, information may be released to attending medical personnel. Furnishing this information is voluntary, but failure to do so may prohibit participation in the Program.

## CONSENT AND RELEASE

I hereby authorize The United Nations Educational Pilgrimage for Youth Inc. to photograph and/or videotape me or contract to do so and to publish or broadcast such photograph(s) or video(s) of me through various media, including the Internet or multimedia products.

I understand and agree that The United Nations Educational Pilgrimage for Youth Inc. or its agents are not responsible for the misuse or alteration of any such photographs and/or videotapes by third parties.

I hereby release The United Nations Educational Pilgrimage for Youth Inc. and any of its officers, agents, employees or servants from any and all actions, claims, loss or causes of action arising from the use or misuse of such images.

Parent/ Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## RULES AND REGULATIONS

The United Nations Pilgrimage for Youth has been in existence since 1949. During this time, certain rules and regulations have been adopted to ensure the safety and enjoyment of all participants. These rules include, but are not limited to, mandatory curfew, no activities which might cause destruction of property, no alcohol, illegal drugs, tobacco or offensive language/behavior.

It is important that delegates and parents/guardians understand that, while every consideration will be given, should the delegate disregard any rules or regulations **they will be sent home at the Parent/Guardian's expense.**

## NOTARIZED STATEMENT

This is to certify that during the time of July 8, 2017 – July 25, 2017, \_\_\_\_\_,  
Please Print Delegate's Name

has permission to travel with your Educational Tour and to cross the Borders of Canada and the United States unaccompanied by a parent or legal guardian.

This statement also certifies that as a Delegate, Parent or Legal Guardian, we have read and completed this Delegate 2017 Registration Form in its entirety. Acknowledging the importance of the Medical Waiver and Rules and Regulations sections, especially in reference to the financial responsibility of the parent or legal guardian, should the Delegate be sent home for medical or behavioral issues.

Delegate Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Signed, Attested and Sworn to before me in the  
State/Province/Country of \_\_\_\_\_  
County of \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 2016.

\_\_\_\_\_ (seal)

Notary Public Signature  
Commission Expires \_\_\_\_\_

