

ODD FELLOWS AND REBEKAHS

Pilgrimage for Youth



DELEGATE

2027 APPLICATION FORM

PLEASE PRINT

Application Deadline Feb. 1st

DELEGATE MUST PROVIDE:

- ☐ Two Completed Copies of Delegate Application Form
- ☐ Two Color Copies of Current Photo
- ☐ Two Copies of Front and Back of Medical Insurance Card
- ☐ Two Copies of Passport and Out of Country Insurance (Canadian Students only)
- ☐ Current Physical (Not before January 1, 2027)

Attach Photo Here

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

☐ Male ☐ Female

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 _____

Email _____

PROOF OF INSURANCE

Out of Country Insurance and Passports will not required this year (still required for Canadian students)

Two Copies of Front and Back of Medical 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: _____

(PLEASE PRINT)

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 Pilgrimage for Youth Program”.

Physician Signature _____ Date _____

MEDICAL WAIVER

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

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 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 their trip.

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 Pilgrimage for Youth tour, 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.

A delegate requiring an assistant (Chaperone) shall inform their sponsor, the jurisdictional chair, and the Executive Director. A Chaperone must submit a Chaperone to Delegate Application and submit same with the chaperoned Delegate's Application.

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 Independent Order of Odd Fellows 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 Independent Order of Odd Fellows 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 Independent Order of Odd Fellows 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 Independent Order of Odd Fellows 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 **he/she will be sent home at the Parent/Guardian's expense.**

NOTARIZED STATEMENT

This is to certify that during the time of (dates) _____ – _____, _____
Please Print Delegate's Name

has permission to travel with your Pilgrimage for Youth Tour and to cross the Borders of Canada and the United States unaccompanied by a parent or legal guardian but may be accompanied by a Chaperone.

This statement also certifies that as a Delegate, Parent or Legal Guardian, we have read and completed this Delegate 2027 Application 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.

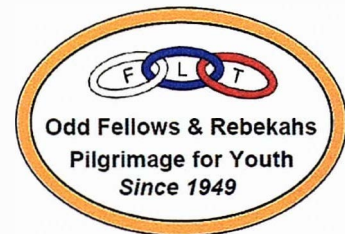
Delegate Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

Signed, Attested and Sworn to before me in the State/
Province/Country of _____
County of _____
this ____ day of _____, 20____

Notary Public Signature (seal)

Commission Expires _____



The Odd Fellows and Rebekahs Pilgrimage for Youth Inc. will not discriminate against any individual on the basis of disability, ethnicity, gender, race, sexual orientation, religion or other social identity from the full and equal enjoyment of its services, unless the individual possesses a direct threat to the health and safety of others, or him/herself, that cannot be eliminated by a modification of policies, practices, or procedures by the provision of auxiliary aids or services, nor exclude any individual because of the individual's association with a person of disability, ethnicity, gender, race, sexual orientation, religion or other social identity.

Application Approval by Jurisdictional Chair Signature: _____

Age Verified by Jurisdictional Chair Signature: _____