



## **Epsilon Omega Chapter Omega Psi Phi Fraternity, Inc.**



**Parents of Campers and/or Chapter Sponsor:  
Please return the completed application:  
Post Office Box 1182, Orangeburg, SC 29116-1182**

**Deadline for Completed Applications:  
Friday, June 13, 2025**

### **Contacts**

Bro. Derrick Gray: [olaskus.gray2@gmail.com](mailto:olaskus.gray2@gmail.com)  
Bro. George Watson: [watsongeorge48@gmail.com](mailto:watsongeorge48@gmail.com)  
Bro. John L. Rice, Jr.: [87boss15@gmail.com](mailto:87boss15@gmail.com)  
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**SUMMER CAMP PARTICIPATION  
FOR CAMPERS BETWEEN 8-14 YEARS OLD  
\*\*\*\* \$100 REGISTRATION FEE\*\*\*\***

**Sponsors are asked to have their donations in by this date as well  
Camp Dates: July 13 – 18, 2025**

**Note: the deadline for submitting registration materials to the Chapter for Epsilon Omega Boys Summer Camper is Friday, June 13, 2025, and no application will be accepted after this date.**

**Please make all donations payable to:  
Epsilon Omega Men Educational  
Foundation Incorporated (EQ MEN, Inc.)**

**Epsilon Omega Chapter, Omega Psi Phi Fraternity, Inc.  
Post Office Box 1182, Orangeburg, South Carolina 29116-1182**

OMEGA PSI PHI FRATERNITY, INC.  
Epsilon Omega Chapter  
Epsilon Omega Men Education Foundation Incorporated (EQ MEN, Inc.)

**July 13 – 18, 2025**

***SUMMER BOYS CAMP REGISTRATION FORM***

*(Please type on screen or print all information required including zip codes, telephone area codes and mail to address below).*

CAMPER'S NAME: LAST: FIRST: MI:

ADDRESS: (City, State, Zip)

SCHOOL: GRADE: DOB: AGE:

T-SHIRT SIZE: \_\_MEDIUM \_\_LARGE \_\_XLARGE \_\_XXLARGE \_\_XXXLARGE

PARENT(S)/GUARDIAN(S) INFORMATION (COMPLETE INFORMATION REQUIRED)

NAME:

HOME PHONE: ( ) \_\_\_\_\_ WORK PHONE: ( ) \_\_\_\_\_

FAMILY INS. COMPANY: POLICY NUMBER:

NUMBER OF YEAR(S) BOY HAS ATTENDED CAMP:

EMAIL ADDRESS:

EMERGENCY CONTACT IF PARENT(S)/GUARDIAN(S) IS(ARE) NOT AVAILABLE (REQUIRED)

NAME:

ADDRESS:

CITY/STATE/ZIP:

PHONE: ( ) \_\_\_\_\_

SPONSORING CHAPTER INFORMATION (TO BE COMPLETED BY SPONSORING OMEGA PSI PHI FRATERNITY CHAPTER)

Sponsoring Chapter: **Epsilon Omega Chapter** Location: **Orangeburg, SC**

Sponsoring chapter, please send completed Registration Form to:

**EQ MEN, Inc.**  
**Epsilon Omega Boys Camp**  
**Post Office Box 1182**  
**Orangeburg, SC 29116-1182**

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Disclaimer and Parental Consent

I, the undersign, understand that The Omega Psi Phi Fraternity, Inc. Epsilon Omega Chapter, the Epsilon Omega Men Educational Foundation, Inc., Camp Summers and Manget, nor any of their members or employees take no responsibility for any personal property lost, stolen, or otherwise missing by any attendee of the Epsilon Omega Boys Camp.

I have counseled my son(s) to behave and to follow the rules and regulations of the Camp. I further understand the camp rules and regulations that have been explained to my son(s) and me by a member of the Omega Psi Phi Fraternity, Inc., Epsilon Omega Chapter, the Epsilon Omega Men Educational Foundation, Inc. Camp Summers and Manget, and therefore give my permission to participate in said camp.

Parent/Guardian Signature:

Date:



## **Epsilon Omega Chapter Omega Psi Phi Fraternity, Inc.**



### **Reference Form**

The Epsilon Omega Men Educational Foundation Incorporated (EQ Men, Inc.)  
in conjunction with the  
Epsilon Omega Chapter of the Omega Psi Phi Fraternity

I, \_\_\_\_\_, (school administrator) recommend that  
\_\_\_\_\_, (name of potential camper) should be a  
participant in the Epsilon Omega Men Educational Foundation Incorporated, in  
conjunction with the Epsilon Omega Chapter of the Omega Psi Phi Fraternity  
Summer Boys Camp. The camp will take place during the week of  
July 13 – 18, 2025.

Comments (Optional):

Administrator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Rules and Regulations

### Boys to Men Summer Camp Institute

The Epsilon Omega Men Educational Foundation, Inc. & Omega Psi Phi Fraternity

Camp Summers and Manget Church Camp Grounds

100 Camp Summers Lane

Cameron, SC 29030

July 13 – 18, 2025

### Camper Rules & Regulations

1. Follow all directions given by the director and counselors.
2. Absolutely no weapons allowed (Swiss Army Knives, Pocket knives, guns, rifles, etc.)
3. No cigarettes, alcoholic beverages, or drugs (Any medication should be turned over to Senior Staff Directors or Camp Counselors).
4. No leaving the campgrounds.
5. No food and snacks should be brought up to the campgrounds.
6. **No vandalizing or destruction of camp property (Parents will be liable for any damage done by their children).**
7. No fighting or use of foul/profane language.
8. No writing on camp property (i.e., walls).
9. No shaving cream.
10. Pool must be used ONLY under supervision. **(Pool is off limits without Lifeguard!)**
11. No using the telephone without the consent of the camp director(s).
12. **No destruction of other people's property, No stealing, No touching of others personal belongings without their permission.**
13. **No electronic devices (stereos, Ipods, portable video games, MP3's, Ipads, etc....).**
14. Please dispose of trash and paper appropriately. You are responsible for the cleanliness of the cabins you are using. The cabins are to be swept and trash is to be emptied daily.
15. **No cellular phones.**

Steps of Consequences before Parents are contacted:

- Time out from Activities (at discretion of Camp Counselor/Camp Director)
- Talk with Camp Counselor
- Talk with Director/Senior Counselor
- Contact Parents to come and pick up Camper

***Campers violating any of these rules and regulations can be sent home at the discretion of the director. Parents will be expected to pick up their child.***



## Epsilon Omega Chapter Omega Psi Phi Fraternity, Inc.



### Parent Water Release Form

The Epsilon Omega Men Educational Foundation Incorporated (EQ Men, Inc.)  
in conjunction with the  
Epsilon Omega Chapter of the Omega Psi Phi Fraternity

I, \_\_\_\_\_, give my child, \_\_\_\_\_,  
permission to participate in the following water activities with a certified lifeguard  
on hand:

Check all that you permit for your child's participation  
(swimming \_\_\_ waterslide\_\_\_ paddleboats\_\_\_ canoes\_\_\_)

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I, \_\_\_\_\_, DO NOT give my child, \_\_\_\_\_,  
permission to participate in the following water activities with a certified lifeguard  
on hand:

Check all that you permit for your child's participation  
(swimming \_\_\_ waterslide\_\_\_ paddleboats\_\_\_ canoes\_\_\_)

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Medical, Consent Forms and Releases

Telephone: Home (      ) \_\_\_\_\_ Business (      ) \_\_\_\_\_

Medical Insurance Policy Name: \_\_\_\_\_ Policy # \_\_\_\_\_

To be answered by parent or guardian:

(CIRCLE ONE)

**DOES YOUR CHILD HAVE OR HAS HE EVER HAD:**

- |   |     |    |
|---|-----|----|
| 1. Sickle Cell Anemia? .....  | YES | NO |
| 2. Food/medication allergy? .....                                       | YES | NO |
| 3. Epilepsy, seizures, fainting spells? .....                           | YES | NO |
| 4. Heat stroke or heat exhaustion? .....                                | YES | NO |
| 5. Diabetes mellitus (sugar) or juvenile diabetes? .....                | YES | NO |
| 6. Hemophilia (bleeding disorder)? .....                                | YES | NO |
| 7. Bone or joint problems? .....  | YES | NO |
| 8. Heart problem? .....   | YES | NO |
| 9. Hearing or vision problem? .....                                     | YES | NO |
| 10. Eye glasses, contact lens? .....                                    | YES | NO |
| 11. Dentures or hearing aid? .....                                      | YES | NO |
| 12. Loss of function of a bodily part? .....                            | YES | NO |
| 13. Require a special diet? .....                                       | YES | NO |
| 14. Special psychiatric conditions (Schizophrenia or Depression)? ..... | YES | NO |
| 15. High blood pressure, hypertension? .....                            | YES | NO |

If the answer to any of the above is "Yes," explain fully below. Give details as to when the event occurred, your child's current status and any special needs that he now has.

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**Medications:**

	NAME	EXACT DOSAGE	SPECIFIC TIME GIVEN
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Allergies:

List: \_\_\_\_\_

Tetanus Booster:

Date: \_\_\_\_\_

**PARTICIPATION/MEDIA RELEASE**

I hereby give my permission for (child's name) \_\_\_\_\_ to participate in the Epsilon Omega Men Foundation, Inc. Summer Boys Camp activities and events. I also grant to the Epsilon Omega Men Foundation, Inc. permission to record my child/ward's likeness and/voice for use by television, films, radio or printed media to further the aims of the Epsilon Omega Men Foundation, Inc. in related campaigns, magazine articles, booklets, posters, and in other ways it sees fit. I hereby release Epsilon Omega Men Foundation, Inc., its insurer, agents, heirs, successors and assigns from any and all liabilities and claims in connection herewith.

**CONSENT TO TREATMENT/EVIDENCE OF INSURANCE**

In the event that my child/ward should for any reason require any minor or surgical treatment and/or medication during the course of his attendance at or participation in the Epsilon Omega Men Foundation, Inc. activities, I authorize such physician or emergency care staff that the Epsilon Omega Men Foundation, Inc. may appoint or designate to carry out the necessary treatment, or to take my child/ward to the emergency room of any hospital, and I further authorize the hospital and its medical staff to provide the treatment deemed necessary by them for the well being of my child/ward. It is understood, however, that if hospitalization or treatment of a more serious nature is required, I will be contacted, if at all possible, by telephone for permission.

I the undersigned, am a parent (or legal guardian) of the above specified child. I have read and fully understand the provisions of the above releases and have explained them to said minor. I further declare that all of the statements that I have made herein are true to the best of my knowledge, information and belief. I hereby agree on behalf of myself and my child/ward to hold harmless and release the Epsilon Omega Men Foundation, Inc., the attending physician(s), hospital, their insurers, agents, heirs, successors, and assigns from any and all liabilities and claims arising out of any treatment rendered to my child/ward.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_