

DEMOLAY INTERNATIONAL MEDICAL HISTORY AND RELEASE FORM

NAME OF PARTICIPANT: _____ CHAPTER: _____

ADDRESS: _____ CITY: _____ PH: _____

AGE: _____ **ADULT T-SHIRT SIZE:** Sm M L XL 2X 3X 4X 5X

PARTICIPANT'S INDEMNIFICATION (REQUIRED BY ALL PARTICIPANTS)

I hereby promise to conduct myself in a responsible manner and abide by the DeMolay rules and regulations; and to follow all of the rules and regulations of this DeMolay event. If I do not abide by this promise, I will be subject to being returned home immediately at my own expense. In consideration of the DeMolay Staff accepting this registration, I shall indemnify and hold DeMolay International, The International Supreme Council of the Order of DeMolay, all Affiliated Organizations and the DeMolay Staff harmless from and against any and all penalties, losses, costs, damages, suits, judgements, claims, demands, expenses and liabilities of any kind or nature whatsoever, arising directly or indirectly out of or in connection with my attendance at this DeMolay event.

PARTICIPANT'S SIGNATURE: _____ **DATE** _____

HEALTH HISTORY

The DeMolay Staff should be aware that this participant has experienced health problems with the following

<input type="checkbox"/> Appendicitis	<input type="checkbox"/> Ear Trouble	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Convulsions
<input type="checkbox"/> Epileptic Seizures	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Sinus Trouble	<input type="checkbox"/> Cramps in Water	<input type="checkbox"/> Fainting
<input type="checkbox"/> Hernia	<input type="checkbox"/> Throat Infection	<input type="checkbox"/> Diabetes	Other _____	

Name of Medical Insurance _____

Family Physician: _____

Company _____

Address: _____

Medical Insurance Policy _____

City: _____ State _____ Zip _____

Number _____

Phone # _____

IN CASE OF EMERGENCY, CONTACT:

Name: _____ Day time Phone: _____ - _____ - _____

Address: _____ Evening Phone: _____ - _____ - _____

City: _____ State _____ Zip _____

*** PARENTAL PERMISSION & MEDICAL RELEASE ***

(Required For All Participants Under 21 Years of Age)

As the Parent or Legal Guardian of the participant named above, I hereby give my permission for the DeMolay Staff to enter the above named participant into a hospital of their choosing. They may also obtain medical attention or treatment by a physician, if in their opinion, the above named participant needs medical attention or treatment. I also realize that DeMolay members attending this event may be engaged in indoor and outdoor activities and other physical activities related to this event. To the best of my knowledge, there is no reason why the above named participant should not be allowed to participate in the DeMolay activities.

I also agree, upon notification from the DeMolay Staff, to pick up the above named participant, if, in the opinion of the DeMolay Staff, it is necessary that he/she be removed from the site of this DeMolay event. In addition, I agree on behalf of the above named participant, that his/her room may be entered if it is deemed necessary by the DeMolay Staff.

In consideration of the DeMolay Staff accepting this registration, I shall indemnify and hold DeMolay International, The International Supreme Council of the Order of DeMolay, all Affiliated Organizations and the DeMolay Staff harmless from and against any and all penalties, losses, costs, damages, suits, judgements, claims, demands, expenses and liabilities of any kind or nature whatsoever, arising directly or indirectly out of or in connection with the above named participant's attendance at this DeMolay event.

PARENT or LEGAL GUARDIAN

(SIGNATURE) _____ **DATE:** _____

ADVISOR (SIGNATURE) _____ **DATE:** _____

*****I also give approval for my son to enter into the Texas Hold'em competition at Conclave. I understand that real money will not be used and that this competition is not for money or a prize other than a medal for 1st, 2nd or 3rd place like all of the other competitions at Conclave.*****

(Signature of Parent or Legal Guardian of DeMolays) (Date)

Complete both sides!

Indiana DeMolay CONCLAVE REGISTRATION

DePauw University, July 23-26, 2009

All registrants must complete **BOTH** sides of this form, obtain all necessary signatures, and return it (accompanied by payment) to your advisor or Indiana DeMolay Headquarters. No registration forms will be accepted without an advisor's approval and/or the approval of the Executive Officer. All checks must be made payable to DeMolay. A \$25 service fee will be assessed on any check returned by the bank for any reason. Each chapter should collect all fees from its members and forward **one single check** to Indiana DeMolay for processing.

All female registrants under the age of 21 must have a full-time adult female chaperone (of at least 25 years of age) in attendance at Conclave. (See special note to Advisors/Chaperones)

Each chapter must have one (1) advisor in attendance for every 10 boys attending.

Fees

Full Registration

Postmarked by June 15 \$105
Postmarked after June 15 \$125

Saturday/Sunday

Postmarked by June 15 \$75
Postmarked after June 15 \$105

Special Conclave Rules

Firecrackers, weapons, and/or explosives of any kind are illegal and will not be permitted.

Possession of alcoholic beverages and/or drugs (other than specified on the Medical Release Form) is a violation of DeMolay law and will not be tolerated. Any violators of this rule will be **SUSPENDED** immediately from DeMolay and sent home.

There will be NO SMOKING in the facilities. If you are of legal age (18 or over), areas will be identified for your use.

Any violation of the aforementioned "Special Conclave Rules" may result in the forfeiture of all fees paid, notification of the parent/guardian by telephone, and sending the registrant home from Conclave. The registrant's Advisory Council will be notified, in writing, for their review and action set forth by the DeMolay International Rules and Regulations.

NOTICE TO ADVISORS AND CHAPERONES

It is most important that the registrant and the parent/guardian understand these rules and conditions set forth herein. **THIS IS YOUR RESPONSIBILITY.** You are responsible for discussing the rules set forth on this form with the Conclave registrant. You must be registered and in attendance FULL-TIME during the entire Conclave.

No registrant under 21 years of age will be permitted to complete registration until the advisor or chaperone responsible for him or her has registered at Conclave.

Special note to chaperones: You may only chaperone one young lady.

Name of Advisor or Chaperone attending Conclave

(Printed Name)

(Signature)

(Date)

Classification (Please circle one):

DeMolay	Sr. DeMolay
Sweetheart	Princess
Advisor	Chaperone

ALL PARTICIPANTS MUST PRINT AND SIGN BELOW

I have read the "Special Conclave Rules" and agree to abide by them at all times while I am attending the DeMolay Conclave.

(Printed Name)

(Signature)

(Date)

Complete both sides!