

# New York State DeMolay Lead Con 2019

November 15, 16 and 17, 2019  
Masonic Care Community of New York  
2150 Bleecker Street, Utica, NY 13501

Topics will focus on How to represent DeMolay in your daily lives and how DeMolay benefits you now and in the future.

Cost \$30 per person  
Includes Snacks on Friday, 3 Meals on Saturday and Breakfast on Sunday

Registration 7-9:30 PM Friday. Event starts at 10 PM Friday. Depart Sunday 11 AM

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**Please Type or Print Clearly**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Chapter: \_\_\_\_\_ Advisor Responsible for you: \_\_\_\_\_

**Please Check the Appropriate Box:**

DeMolay    Advisor    Chaperone/Parent

**Please bring sleeping bags, change of clothing, toiletries, and anything else you will need to stay overnight**

**All Registration Forms and Payment are due by November 8, 2019** and should be sent to:

Dad David Schneider, 235 Hackett Blvd, Albany, N.Y. 12208

Checks should be made payable to: New York DeMolay

**Registrations Forms received without payment will be returned and no reservation will be made.**

**Please note: Rooms will be available in the Memorial Building for an extra cost per night. Priority will be given to persons with medical needs and advisors. More information on this will be sent separately. If you wish to be considered for a room, please check off the appropriate boxes below:**

I wish to be considered for a room in the Memorial Building

I have a medical need  I am an advisor  I am a DeMolay and would like to be considered if rooms are still available after priority rooms are assigned

**Complete Medical Release on Back**

**Medical Release & Event Rules and Regulations Acknowledgement**  
**Medical Release**

Any disease, condition, injury or physical limitation should be documented: \_\_\_\_\_  
\_\_\_\_\_

List all medications currently being taken, including dose, frequency, date and time of last dose taken:  
\_\_\_\_\_  
\_\_\_\_\_

(Please send all medications in original prescription bottles)

**\*\*\*Dietary Restrictions (i.e.: Kosher, Halal) and/or Food Allergies (i.e. peanuts, shell fish):\_\_\_\_\_\*\*\***  
\_\_\_\_\_

Permission to Administer: Tylenol\_\_\_\_\_ Ibuprofen\_\_\_\_\_ Pepto Bismol\_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_

In the event the above-named individual needs medical attention, I hereby consent to whatever medical or surgical care is required.

Signed:\_\_\_\_\_ Relationship:\_\_\_\_\_ Date:\_\_\_\_\_

Phone numbers: Day\_\_\_\_\_ Night\_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**A copy of the front and back of insurance card should be attached to registration form when returned.**

**State Event Rules & Regulations**

1. Possession or use of alcoholic beverages, firearms, controlled substances or any material deemed illegal by law is prohibited.
2. No attendee may leave the facility at any time during the event, except with written permission from the Executive Officer or his Personal Representative.
3. No vehicles may be moved after parked at the facility, and use during the event is prohibited.
4. Curfew is at the time announced by the Executive Officer or his Personal Representative. **NO EXCEPTIONS!**
5. Each individual will be liable for any damages they cause.
6. Any individual in violation of these rules will forfeit all fees paid and the violator will be **removed from the event.**

I have read and understand the NYS DeMolay State Event Rules & Regulations, as listed above, and will abide by them.

Signed: \_\_\_\_\_

**Advisor/Chaperone Approval**

**All Active DeMolays must have this State Event Registration approved by the Advisor who will be attending the event.**

I have read the Event Rules & Regulations and approve of this individual attending this New York State DeMolay event.

I will be attending the event and will be responsible for the registrant named on this form. Should I be unable to attend the event, I will contact the Executive Officer to make other arrangements for the appropriate supervision.

Signed: \_\_\_\_\_

Title: \_\_\_\_\_