

2019 New York DeMolay Convention

August 10-13, 2019 Youth Registration Form

Personal Information:

Name: _____ Date of Birth: _____
Street Address: _____ City or Town: _____
State: _____ Zip Code: _____
Email: _____ Phone: _____
Chapter/Assembly/Triangle _____
Date you joined DeMolay: _____
Advisor Responsible for you _____
Preferred Person to Room With? _____

Which organization do you belong to? DeMolay Rainbow Triangle Sweetheart

Shirt Size : S M L XL XXL XXXL

Package (Please indicate which package you would like)

____ Full Convention \$160 ____ Water Safari Only \$50 ____ Banquet/Dance \$30*

Fees go up by \$50 for registrations postmarked after June 15, 2019

Please make checks payable to New York DeMolay and mail along with medical release to:
Thomas Perry 22B Ball Rd Syracuse NY 13215

Activity Information: Meeting at Camp Turk provides us a number of great opportunities and events for us. So we can best plan for activities please circle the appropriate information.

Swimming: This year we will have access to Round Lake for swimming and water sports. So we can best plan that type of activity please circle your level of swimming ability:

I don't swim

I rarely swim - Comfortable in Water Up to your chest level/doggy paddle

I swim moderately well - can swim about 10 yards/for about 5 minutes I

swim well—can swim more than 10 yards / for about 10 minutes

Sports: Please circle which sports you would like to participate in?

Dodgeball Volleyball Capture the Flag Kickball Softball

Have you earned your?

RD LCC1 LCC2 LCC3 LCC4 LCC5 Obligation Card

Current Office: _____

Are you a Past Master Councilor? Yes No

Standards of Conduct:

1. New York DeMolay enforces a zero tolerance policy with regard to the use of alcohol, illegal drugs, weapons, hazing or any physical, verbal, sexual or emotional abuse of any kind at any New York DeMolay event.
2. No attendee may leave Camp Turk or Water Safari at any time during the event except with written permission from the Executive Officer.
3. No vehicles can be moved once parked at the facility until the completion of the event, except with written permission from the Executive Officer or Personal Representative except for transportation to or from Water Safari.
4. Curfew is at the time designated on the schedule and all attendees must be in their assigned room. New York DeMolay reserves the right to modify the curfew time.
5. Each attendee is responsible for the condition of their cabin and will be billed for any damage to the cabin. Food is not allowed outside of dining hall.
6. Violation of these rules will subject the attendee to removal from the event and shall not be entitled to refunds. Parents and guardians shall be responsible for picking up their child. Attendees are subject to the disciplinary action of their Chapter's Advisory Council and the Executive Officer Personal Representative of NY DeMolay.

I understand the rules and agree to abide by them:

(Active Youth Participant)

Parent or Guardian

Parent/Guardian Statement

I hereby give permission for my son or daughter, _____, to attend New York DeMolay Convention. I understand fully that if my son/daughter violates any of the rules of the convention, or the regulations of the Order of DeMolay, that he/she may be sent home, at the sole discretion of the Executive Officer or Personal Representative and at my expense, and subject to the appropriate disciplinary action by his/her Advisory Council. I give permission and consent for him/her to participate in all activities, and to allow appropriate photographs, videotapes, and interviews to be taken during the NY DeMolay Convention, and for any such photographs, videotapes, and/or interviews to be published and used by New York DeMolay to illustrate, promote, and advertise the conference and other program.

Parent or Guardian

Advisory Council Approval: We approve of this youth participating in the New York DeMolay convention.

Advisory Council Approval

Please remit this form along with the medical release to:
Thomas Perry 22B Ball Rd Syracuse NY 13215

Medical Release for DeMolay Convention

Please list any disease, condition, injury or physical limitation _____

Please list all medications currently being taken, including dose, frequency, date and time of last dose taken: (Please use additional sheets as needed)

	Medication	Dose	Frequency
1			
2			
3			
4			

(Please send all medications in original prescription bottles)

Allergies: _____

Please initial if we have permission to administer the following:

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: _____

Name on policy: _____

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

In the event that the above named parent or guardian is not able to be reached, please list the name and phone number of another person who may be contacted.

Name: _____

Phone Number (Day) : _____ Phone Number (Night) : _____

Relationship: _____