New York State DeMolay Camping and Degree Weekend

July 13 – 15, 2018 Camp DeMolay 8039 Lake Road - Sodus Point, NY

Outdoor Degrees, Brotherhood, Food, and Fun Initiatory Degree in the afternoon and DeMolay Degree in the evening

Cost to Attend

Friday – Sunday \$30

Includes Snacks on Friday evening, Breakfast, Lunch, Dinner and Snacks on Saturday and Breakfast on Sunday

Saturday – Sunday \$20

Includes Lunch, Dinner and Snacks on Saturday and Breakfast on Sunday

| Friday arrival 6-9 PM | Saturday arrival 11 AM -12 PM | Depart Sunday 10 AM |
|-----------------------------------|---|--------------------------------|
| | 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/Pa | arent |
| Please bring sleeping bags, ch | nange of clothing, toiletries, and anything e | else you will need for camping |

Complete Medical Release on Back

All Registration Forms and Payment are due by June 30, 2018 and should be sent to:

Dad Bill Williams, 213 Oak Lane, Ballston Spa, NY 12020

Registrations Forms and payment must be received in advance.

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 dos | se, frequency, date and time of last dose taken: | | |
| (Please send all medications in Dietary Restrictions: | | | |
| Allergies: | | | |
| Permission to Administer: Tylenol Ibuprofen_ | Pepto Bismol | | |
| Date of last Tetanus Shot: | | | |
| In the event the above named individual needs medical a surgical care is required and/or deemed necessary. | attention, I hereby consent to whatever medical or | | |
| Signed: Relationship: Date: | | | |
| Phone numbers: Day | Night | | |
| Insurance Carrier: | Policy Number: | | |
| State Event Rules & Regulations 1. Possession or use of alcoholic beverages, firearms, controlled substances or any material deemed illegal by law is prohibited. | Advisor/Chaperone Approval All Active DeMolays must have this State Event Registration approved by the Advisor who will be attending the event. | | |
| 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. | I have read the Event Rules & Regulations and approve of this individual attending this New York State DeMolay event. | | |
| 3. No vehicles may be moved after parked at the facility, and use during the event is prohibited. | 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 | | |
| 4. Curfew is at the time announced by the Executive Officer or his Personal Representative. NO EXCEPTIONS! | arrangements for the appropriate supervision. | | |
| 5. Each individual will be liable for any damages they cause. | Signed: | | |
| 6. Any individual in violation of these rules will be removed from the event . | Title: | | |
| I have read and understand the NYS DeMolay State Event Rules & Regulations, as listed above, and will abide by them. | | | |
| Signed: | | | |