

New York State DeMolay 24 Hours of Brotherhood

March 17 – 18, 2018

Masonic Care Community, 2150 Bleecker St Utica, NY

Sports, Brotherhood, Food, Fun and a little bit of DeMolay Education

No Cost to Attend

Includes Dinner and Snacks on Saturday and Breakfast on Sunday

Fun begins at 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/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 March 3, 2018 and should be sent to:

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

Registrations Forms must be received ahead of time so we can have the proper amount of food.

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: _____

Allergies: _____

Permission to Administer: Tylenol _____ Ibuprofen _____ Pepto Bismo _____

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 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 contact the Executive Officer to make other arrangements for the appropriate supervision.

Signed: _____

Title: _____