

# New York DeTriRai Winterfest 2018

January 12 - 14, 2018

Landmark Motel 1418 Saratoga Road Fort Edward, NY

Please Type or Print Clearly

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

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

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

Email: \_\_\_\_\_ Chapter/Assembly/Triangle: \_\_\_\_\_

Advisor/Chaperone Responsible for you: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Share room with: \_\_\_\_\_

Please Check the Appropriate Box:

DeMolay  Rainbow  Triangle  Sweetheart  Advisor  Chaperone/Parent

**Registration Fees Per Person (These prices include Tubing & Sky Zone)**

Four to a Room- \$98.50  Three to a Room- \$110  Two to a Room- \$132  One to a Room- \$199

**Registration Fees Per Person (These prices include Tubing and does not include Sky Zone)**

Four to a Room- \$80.50  Three to a Room- \$92  Two to a Room- \$114  One to a Room- \$181

**Registration Fees Per Person (These prices include Sky Zone and does not include Tubing)**

Four to a Room- \$84.50  Three to a Room- \$96  Two to a Room- \$118  One to a Room- \$185

**Registration Fees Per Person (These prices does not include Tubing or Sky Zone)**

Four to a Room- \$66.50  Three to a Room- \$78  Two to a Room- \$100  One to a Room- \$167

Saturday Only- \$50 (Tubing, Saturday Night Dinner and Sky Zone)

**Sky Zone on-line waiver must be completed at <https://skyzonequeensbury.pfestore.com/waiver>**

**Completed Registrations Forms and Payment should be sent to your Organization's Representative by December 15, 2017 with Checks made payable to New York DeMolay**

**DeMolay-** Dad Bill Williams 213 Oak Lane Ballston Spa, NY 12020

**Triangle-** Mrs. Kristina Turri 199 Drewville Road Carmel, NY 10512

**Rainbow-** Mrs. Gale Gould 35 Maple Street Auburn, NY13021

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

## 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.**

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 relative who may be contacted.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Attention Attendees

A safe and fun weekend is intended for all. In order to accomplish this all attendees are under the direction of their respective Adult Advisors or Chaperones and should follow any specific rules established by their organization. We thank you in advance for adhering to these rules.

### 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 other than scheduled without permission from the Head Advisor of their Organization.
3. No vehicles may be moved after parked at the facility unless used for designated transportation is prohibited.
4. Curfew is at the time designated and all attendees must be in his/her assigned room at that time. **NO EXCEPTIONS!**
5. Each individual is responsible for the condition of his/her assigned room. **He/she will be held liable for any damages and for lost room keys.**
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 Event Rules & Regulations as listed above, and will abide by them.

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

Parent/Guardian: \_\_\_\_\_

### Advisor/Chaperone Approval

**All Active members of DeMolay/Rainbow/Triangle must have this 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 event. I have also discussed with the parents that they will be liable for any damages and for lost room keys.

I will be attending this event and will be responsible for the registrant named on this form. Should I be unable to attend this event I will contact the Head Advisor of my Organization to make other arrangements for the appropriate supervision.

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

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