



Region I DeMolay Leadership Training Conference Registration Form

PART ONE: Registration *(Please print clearly and neatly!)*

Name: _____ Birthdate: _____

Address: _____ Age: _____

City: _____ State: _____ ZIP _____ Phone: (____) _____

Email Address: _____@_____ . _____

Do you want your confirmation letter emailed to you? YES! _____ No _____

Home Chapter Name: _____ Jurisdiction: _____

Program Selection: _____ DeMolay Leadership _____ Chapter Leadership _____ Jurisdictional Leadership
(Basic) (Councilors) (PMCs & current JOs)
_____ DAD Training Program

PART TWO: Authorizations and Consents; Required Signatures

The following signatures are required for attendance. By signing this form, the signatories agree that the Registrant is authorized to attend this DeMolay Program.

Signature of Chapter Dad or Chairman

Signature of Executive Officer

Release and Consent: I hereby give my consent and permission as a legal adult or as the Parent or Legal Guardian of the above-named Registrant for my/his participation in the Region One DeMolay Leadership Training Conference ("LTC"). I understand and agree that photographs may be taken at the event and that these photographs may be used to promote the DeMolay program now or in the future. I hereby agree that I/my son will abide by the statutes, by-laws, rules, regulations and edicts of DeMolay International and its duly authorized representatives. I agree that, if in the opinion of the LTC Staff, I/my child should need to be removed or asked to leave LTC for any reason, that I will immediately take the necessary action to effect my/his removal from the site at my expense. I agree that I will be responsible for any damage or injury I/my son may cause beyond reasonable wear and tear. I hereby agree to release and hold harmless DeMolay International, its International Supreme Council, the Grand Master of DeMolay, and its members, officers and employees, together with the Executive Officers, LTC Staff Members, Advisors and other authorized representatives from and against any and all claims or causes of action which may arise or be connected to my/his attendance at LTC, including transportation to and from the site. I also agree to release and hold harmless Lions Camp Pride, New Hampshire Lions District 44-H, its officers, members, employees and authorized representatives from and against any and all claims or causes of action which the undersigned may have.

Medical Consent: I hereby authorize any DeMolay Advisor at LTC to secure, and any physician to provide, such emergency medical treatment as shall be deemed necessary by those present, including, but not limited to, hospitalization, injections, anesthesia, surgery, x-ray, MRI or CAT scans, blood transfusions and medications. I understand that, if practicable, reasonable efforts shall be made by the LTC Staff to contact me prior to medical treatment.

Signature of Registrant (All)

Signature of Parent/Guardian (if Registrant under 18)
Print Name: _____

Registrant's Name: _____

PART THREE: Health Insurance and Medical Information

DeMolay provides secondary health insurance only. Please list your medical insurance below, or indicate that you have no medical coverage:

Insurance Company Policy/Group Number Insurance in the name of ...

_____ No health insurance

REQUIRED: ATTACH A COPY OF THE FRONT AND BACK OF YOUR HEALTH INSURANCE CARD TO THIS SHEET.

Health History: Please provide the requested information below:

_____ I am in good health and am not taking any prescription medications
or

_____ I am taking the following medications on the indicated schedule for the following conditions:
(For minors: all medications (except inhalers) will be held by the LTC Staff and dispensed as required)
Please state, for each medication, what condition the drug was prescribed to treat.

Please list what Over-the-Counter medication(s) you authorize the LTC Staff to administer as needed, and in what dosage(s) (aspirin, acetaminophen, etc.):

Immunizations: **Required** for all Registrants under the age of 24 by New Hampshire law

I certify that all immunizations, especially those for measles, for the above-named are current.
(MD: You may attach a separate, signed immunization record if you prefer.)

Signature: _____, M.D. Date: _____

In case of emergency, please contact:

Primary Contact: _____ Relationship: _____ Home Phone: (____) _____
Cell Phone: (____) _____
Work Phone: (____) _____

Secondary Contact: _____ Relationship: _____ Home Phone: (____) _____
Cell Phone: (____) _____
Work Phone: (____) _____



Region I DeMolay Leadership Training Conference

Registration Form Instructions and Information – 2009

PROGRAM INFORMATION:

DATES: August 15-21, 2010

LOCATION: Lions Camp Pride, 250 Lions Camp Pride Way, New Durham, New Hampshire

COST: **\$325.00**, due with your application. Some Jurisdictions underwrite a portion of the registration fee, so you should check with your Chapter Dad or Executive Officer. If that applies in your case, please indicate that on a note attached to your registration form. Please note that there is a \$25.00 late fee for registrations postmarked after July 31, 2010, and that late registrations are accepted only at the discretion of the Director of LTC. **Checks should be made payable to "Leadership Training Conference."** Registrants will not be allowed to attend LTC unless all fees are paid by the start of the program. Cancellations will be provided a refund of the registration fee less \$50.00 if notification is received prior to July 31, 2010, or less \$100.00 if notification is received prior to August 10, 2010. No refund will be given for cancellation notices received on or after August 10, 2010.

DEADLINE: You must complete this form (including the doctor's signature required on page 2) and return it to your Executive Officer *well before* the LTC deadline of July 31, 2010. Please check with your Executive Officer to see if he has set a deadline for applications to be sent to him.

MORE INFO.: You will receive a registration confirmation by either email or postal service when your registration form is received by LTC. That confirmation will include arrival/departure times, directions to Lions Camp Pride, a list of what to bring, and other program information. For any other questions, please see our website, www.massdemolay.org/ltc.html or contact Dad Richard P. Lavoie, LTC Director: (781) 608-0706 or by email to ricklavoie@sprynet.com.

ENTRANCE REQUIREMENTS:

DeMolay Leadership (Basic Program):
Minimum age of 14
Has received both the Initiatory Degree and DeMolay Degree

Chapter Leadership (Councilor Program):
Minimum age of 14
Has been an Active DeMolay for one year
Current Councilors, or eligible to become a Councilor in your chapter within 6 months of LTC

Jurisdictional Leadership (for PMCs and current Jurisdictional Officers):
Minimum age of 16
Presiding Master Councilor, Past Master Councilor, or current Jurisdictional Officer
Previously attended this or another LTC/DLC program
Repeat attendance in the Jurisdictional Leadership program is permitted only at the discretion of the LTC Director

EXECUTIVE OFFICERS: Please send all completed registration forms and all fees (postmarked by no later than July 31st) to the LTC Registrar, Dad Kenneth A. Northrup, 6 Daffodil Court, South Grafton, MA 01560. Please direct any registration questions to Dad Northrup, and any program questions to LTC Director Dad Richard P. Lavoie.