

## DeMolay Sweethearts Medical History & Release Form

I understand that while on my way to, in attendance at, and returning from any DeMolay activity, I will fulfill my moral obligations as well as obey any special guidelines of that event. I understand that while I am on the Conference premises I am not to be in possession of any tobacco substance. **S.L.C. is a Non-Smoking Conference.** I will not sell, distribute or possess liquor or any illegal drugs.

PARTICIPANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

The participant is permitted to participate in ALL S.L.C. activities and events with the FOLLOWING EXCEPTIONS (e.g. hiking, swimming. If none, write "NONE"):

### HEATH HISTORY

Be aware that the participant has experienced the following health problems:

Appendicitis	Cramps in Water	Eyes ( <i>needs glasses</i> )
Hernia	Asthma	Diabetes
Fainting	Knees	Throat
Sinus Trouble	Ear Trouble	Bones ( <i>broken, weak</i> )
Frequent Colds	Motion Sickness	Convulsions
Epileptic Seizures	Heart Trouble	Rheumatic Fever
ADD	ADHD	Allergies _____

Other Problems (or "NONE"): \_\_\_\_\_

Medication that will be taken at the Conference (or "NONE"): \_\_\_\_\_

Medical Insurance Company Medical Plan (or "NONE"): \_\_\_\_\_

Policy Number's: \_\_\_\_\_

In Case of Emergency, please contact: \_\_\_\_\_

Contact's Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

### **PARENTAL PERMISSION & MEDICAL RELEASE (for participants under 18)**

As the parent or Legal Guardian of the above participant, I hereby give my permission for any adult DeMolay Advisor in attendance to secure, or any physician in attendance 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, blood and medications. I understand that every reasonable effort shall be made to contact me or the above emergency contact prior to medical treatment. I agree that, if in the opinion of any DeMolay advisor that the participant should be removed or asked to leave any DeMolay activity for violation of any of the Conference policies, that the undersigned will immediately take the necessary action to cause the transportation of the participant named above from the activity site at the expense of the undersigned parent or Legal Guardian.

PARENT or LEGAL GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE #: ( \_\_\_\_\_ ) \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NORTHERN CALIFORNIA DEMOLAY

# Sweetheart Leadership Camp



## July 4-7, 2010

### Regional Learning Center, Sonora, CA



Sweetheart Leadership Camp

**WHERE  
IS IT?**

**The Regional Learning  
Center**

Sonora, California

**Something for  
Everyone**

The Sweetheart Leadership Camp (S.L.C.) is a three day adventure challenging youth to grow, learn and develop leadership skills to give back to their local communities through leadership and service to others.

Who can come to SLC?

**Girls - aged 16 - 21 that are:**

- ◆ Chapter Sweethearts and Princess
- ◆ Past Chapter Sweethearts & Princesses
- ◆ Divisional Sweetheart and Princess
- ◆ Job's Daughters & Friends of Job's Daughters
- ◆ Rainbow Girls & Friends of Rainbow Girls
- ◆ Sisters of DeMolays & friends of DeMolay
- ◆ Daughters, Granddaughters, Nieces & friends of Masons, Eastern Star, & Amaranth



**Experience, Learn & Enlighten Others**

This year, S.L.C. participants will enjoy several features that will enhance the fun & sisterhood:

- ◆ Leadership
- ◆ Ropes Course
- ◆ Self Defense
- ◆ CPR
- ◆ History of DeMolay
- ◆ Team Building
- ◆ Time Management
- ◆ Public Speaking
- ◆ Conflict Resolution
- ◆ Plus Lots More.....

**Registration**



**MAIL**

Mail your completed registration form and payment with check, money order, Visa or MasterCard to:  
**Nor Cal DeMolay  
S.L.C. 2010  
34400 Mission Blvd.  
Union City, CA 94587**



**FAX**

Register yourself for S.L.C. by faxing your completed registration form indicating a Visa or MasterCard payment to Northern California DeMolay at:

**(510) 266-1589**



**ONLINE**

Visit the Northern California DeMolay Website and register for S.L.C. online with your Visa or MasterCard at:

**WWW.  
norcaldemolay.  
com**

**Special Events**

- ◆ Pinecrest Marina Trip
- ◆ Rep. Sweetheart Recognition
- ◆ Lil Sis Roundtable
- ◆ Sweetheart Session
- ◆ DeMolay & More Store
- ◆ Special Guest Appearances

And More.....



Northern California DeMolay  
**Sweetheart Leadership Camp**

Regional Learning Center, Sonora, CA

July 4-7, 2010

FIRST NAME: \_\_\_\_\_ M.I. \_\_\_\_\_ LAST NAME: \_\_\_\_\_ NICK NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ Age: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ T-SHIRT SIZE: (Adult size) \_\_\_\_\_

Bethel/Assembly: \_\_\_\_\_ JURISDICTION: \_\_\_\_\_

Have you ever attended S.L.C. Before? YES NO When? \_\_\_\_\_

Have you Completed the Leadership Correspondence Course? YES NO

Indicate which level(s): 1 2 3 4 5

Have you completed the Representative Sweetheart Program? YES NO

Parent's Approval: \_\_\_\_\_

Parent's Phone #: (\_\_\_\_) \_\_\_\_\_

Bethel Guardian/Mother Advisor Signature: \_\_\_\_\_

Bethel Guardian/Mother Advisor Phone #: \_\_\_\_\_

**REGISTRATION FEES**

(Includes three nights lodging, 10 meals, Conference T-shirt, L.C.C. Fees, sporting and water activities)

Registrations postmarked or dated online-on or before:	June 27, 2010	\$185.00
Registrations postmarked or dated online-on or after:	June 28, 2010	\$200.00

**PAYMENT METHOD**

Check # \_\_\_\_\_  MC  VISA # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Total amount paid by: check \$ \_\_\_\_\_ credit card \$ \_\_\_\_\_

Checks are payable to: "Northern California DeMolay"

**Northern California DeMolay  
S.L.C. 2010  
34400 Mission Blvd.  
Union City, CA 94587**

**\*\* PLEASE COMPLETE BOTH SIDES \*\***

\*\* Tear Along Here \*\*