DeMolay Leadership Conference

FIRST NAME: _____ M.I._____ LAST NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL : _____

BIRTHDATE: _____ AGE: _____ T-SHIRT SIZE (Adult): _____

CHAPTER: _____ CHAPTER OFFICE:_____ JURISDICTION: _____

Initiatory Degree Date: _____ DeMolay Degree Date: _____

Have you ever attended D.L.C. Before? *(please circle one)* **YES   NO**   Where? _____

Have you completed the Leadership Correspondence Course?   *(please circle one)*   **YES   NO**

Have you completed the Representative DeMolay Program?   *(please circle one)*   **YES   NO**

Chapter Advisor's Approval: _____**Advisor's Phone #:** _____

Photo/Video Release: I hereby give permission and consent to allow photographs, videotapes and interviews to be taken during the D.L.C. and any such photographs, videotapes and interviews of the participant to be published and used by Northern California DeMolay to promote, illustrate and advertise the D.L.C. and other marketing programs,

PARENT OR LEGAL GUARDIAN: SIGNATURE:_____
DATE:_____

REGISTRATION FEES

(Includes six nights lodging, 17 meals, 2 Conference T-shirts, Ropes Course, L.C.C. and R.D. Fees, sporting and water activities, and a color Conference and Chapter photo.)

Registrations postmarked on or before:	June 9, 2017	$390.00
Registrations postmarked on or after:	June 10, 2017	$445.00

PAYMENT METHOD

Check #_____ ☐ MC ☐ VISA #_____ Exp. Date: _____

Credit Card Zip Code:_____   CVV/CVC # on the Credit Card: _____

Total amount paid by: Check(s) $_____ Credit Card $_____

Checks are payable to: **"Northern California DeMolay"**
Send to:

Nor-Cal DeMolay - **D.L.C. 2017**
34400 Mission Blvd., Union City, CA 94587

DeMolay Medical History & Release

I understand that while on my way to, in attendance at, and returning from any DeMolay activity, I will fulfill my DeMolay 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**. **D.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 DeMolay activities and events with the FOLLOWING EXCEPTIONS (e.g. basketball, hiking, swimming. If none, write "NONE"):

_____

_____

HEALTH HISTORY

Be aware that the participant has experienced the following health problems (*please circle*):

Appendicitis	Orthopedic Injuries	Eyes *(needs glasses)*
Hernia	Asthma	Diabetes
Fainting	ADD or ADHD	Throat
Sinus Trouble	Ear Trouble	Bones *(broken, weak)*
Frequent Colds	Motion Sickness	Epileptic Seizures
Cardiac		

Other Problems (or "NONE"): _____

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

_____

_____This participant may self-Medicate. _____This participant will need assistance of the D.L.C. Staff.

DeMolay maintains medical insurance coverage for accidental injury subject to a maximum of Ten thousand dollars ($10,000) which is subject to a hundred dollar ($100) deductible. Such coverage is not a substitute for any family medical insurance coverage. The participant's family coverage (if there is any) is considered to be PRIMARY COVERAGE with DeMolay's coverage being secondary.

Medical Insurance Company Medical Plan (or "NONE"): _____

Policy Number's: _____ Contact's Phone #: (_____) _____

In Case of Emergency, please contact: _____

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: _____