

2018 Convention Release Required of ALL Convention Registrants



Name of Participant: _____

Rooming / Parental Release

I understand that DeMolay is an organization that consists of members who are of legal age (18-20) and of members who are not of legal age (12-17). The Convention staff houses four DeMolay attendees to a room with two queen-size beds. At times, this may result in an adult member (age 18-20) being housed with a youth member. Unless otherwise indicated on your Registration Form, you are consenting to being housed as described. Female youth attending our Convention are roomed similarly. Members of the Order of DeMolay are never roomed with DeMolay Advisors.

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: _____

Medical Information / Emergency Contact

Medical Coverage/Policy Number: _____

Registrant is Allergic or has a food allergy to: _____

In Case of Emergency, please contact: _____

Registrant Information

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. Convention is a Non-Smoking Conference, which includes vaping.** I will not sell, distribute or possess liquor or any illegal drugs.

REGISTRANT SIGNATURE: _____ DATE: _____

Advisor/Chaperone Approval

It is important that both the registrant and his/her parent/guardian understand the rules and conditions of Convention set forth herein. This is the responsibility of the Advisor/Chaperone. I have read the conditions and I hereby approve of the attendance of this registrant at Convention.

ADVISOR / CHAPERONE SIGNATURE: _____ DATE: _____

Return This Form

Please return this form to the Registrar as soon as possible after you register for Convention. Your registration will be considered pending and you will not be allowed to check-in at Convention without it.

Forms can be sent to: registration@norcaldemolay.com or Fax: 916-604-9224