



Region I DeMolay Leadership Training Conference
Registration Form

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

Name: _____ Age: _____ Date of Birth: _____
Address: _____ DeMolay's Phone: (_____)_____
City: _____ State: _____ ZIP _____ Parent's Phone: (_____)_____
DeMolay's Email Address: _____ Email Address for Confirmation Letter: _____
Home Chapter Name: _____ Jurisdiction: _____

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

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 for me/my son urgent or emergency treatment, including transportation, hospitalization, surgery, anesthesia, invasive and non-invasive medical tests, imaging, and procedures as may be deemed reasonably medically necessary by a licensed medical professional. Medical providers are authorized to release to any DeMolay Advisor medical information concerning me/my son, including exam findings, test results, and any treatments provided for the purpose of diagnosing and treating the injury/malady complained of. If the Registrant is under 18 years of age: 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: _____

In case of emergency, please contact:

Primary - Name: _____ Relationship to Participant: _____ Cell Phone Number: (_____) _____ Work/Home Phone: (_____) _____
Alternate - Name: _____ Relationship to Participant: _____ Cell Phone Number: (_____) _____ Work/Home Phone: (_____) _____

Registrant's Name: _____ Date of Birth: _____

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 Group No. (if applicable) Policy Number Subscriber's Name

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

History: Please check the appropriate box if you've ever been treated for, or currently have, any of the following conditions:

| | | | | | |
|--------------------------|-----------------------------|--------------------------|---------------------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | Asthma | <input type="checkbox"/> | Hepatitis | <input type="checkbox"/> | Lung Disease |
| <input type="checkbox"/> | Bleeding Disorder | <input type="checkbox"/> | HIV/AIDS | <input type="checkbox"/> | Seizure Disorder |
| <input type="checkbox"/> | Diabetes | <input type="checkbox"/> | Hospital Admission (w/in 1 mo) | <input type="checkbox"/> | Sickle Cell Disease |
| <input type="checkbox"/> | Ear/Sinus Problems | <input type="checkbox"/> | Hypertension | <input type="checkbox"/> | Sleep Apnea |
| <input type="checkbox"/> | Gastric Problems | <input type="checkbox"/> | Implanted Medical Device | <input type="checkbox"/> | Stroke |
| <input type="checkbox"/> | Head or Brain Injury | <input type="checkbox"/> | Kidney Disease | <input type="checkbox"/> | Surgery within the last year |
| <input type="checkbox"/> | Heart Disease | <input type="checkbox"/> | Learning Disorders | <input type="checkbox"/> | Other (explain below) |

Explain the circumstances of any condition checked above:

Allergies: Please list any allergies (medication, food or environmental) and describe your typical allergic reaction if exposed to the allergen:

If you have an allergy, are you prescribed an epi-pen or other emergency medication? _____

Medications: Please list all medications you are currently taking, including dose and frequency/schedule. Please include inhalers, over-the-counter medications, vitamins and supplements. Please bring only the amount of medicine needed for the duration of the conference in appropriate labeled containers.

| Name of Medication | Dosage | Frequency of Dose | Reason for Using |
|--------------------|--------|-------------------|------------------|
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Immunizations: **Required** for all Registrants under the age of 24 by New Hampshire law

You must provide either a physician's/NP's/PA's signature below certifying that your immunizations, especially those for measles, are up-to-date, or a copy of your immunization records from your primary health care provider.

Signature: _____ Date: _____



Region I DeMolay Leadership Training Conference

Registration Form Instructions and Information – 2011

PROGRAM INFORMATION:

DATES: August 14-20, 2011

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 25, 2011, 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 25, 2011, or less \$100.00 if notification is received prior to August 5, 2011. No refund will be given for cancellation notices received on or after August 5, 2011.

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 25, 2011. 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 email 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.mademolay.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 25th) 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.