Region I DeMolay Leadership Training Conference

Registration Form Instructions and Information – 2017

PROGRAM INFORMATION:

DATES: **August 13-19, 2017**

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

COST:
- Registration fee is $350.00. All applications are due on or before July 1, 2017.
- Some Jurisdictions underwrite a portion of the registration fee, so you should check with your Chapter Dad or Executive Officer.
- Please note that registrations after July 1st are only at the discretion of the Director of LTC and do not guarantee a correct t-shirt size.
- Cancellations will be provided a refund of the registration fee less $50.00 if notification is received prior to July 1, 2017.
- No refund will be given for cancellation notices received on or after July 1, 2017.

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.region1demolay.org or contact Dad Matthew S. Gerrish, LTC Director: (978) 869-5132 or by email to mgerrish@me.com.

ENTRANCE REQUIREMENTS:

DeMolay Leadership (DeMolay 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 appointed Jurisdictional Officers):
Minimum age of 16
Presiding Master Councilor, Past Master Councilor, or current appointed 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

EVENING TRACKS

Communications – Learn in-depth tactics on increasing communication with members and potential ones.	Chapter Operations – Large or small, goofy or serious, learn how to manage your Chapter efficiently and fairly.
Event Planning – From concept creation to execution, learn the step-by-step method to plan event.	Membership – Topics range from bringing in new members to retaining them once they are in.

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2017 Registration Form. LTC Dates: August 13-19

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

Personal Information

Name: _____ Goes by: _____

Address: _____

City: _____ State: _____ Zip: _____ DeMolay's Phone: (_____) _____

Email Address: _____

DeMolay's Date of Birth: _____

Age: _____ T-Shirt Size: _____

Parent/Guardian Information

Parent's Name: _____ Parent's Phone: (_____) _____

Parent's Email: _____

Chapter Information

Home Chapter Name: _____ Jurisdiction: _____

Date Joined: _____

Are you a PMC? Yes ☐ No ☐ Current Office: _____

Offices Held: _____

Program Selection: _____ DeMolay Leadership *(Basic)* _____ Chapter Leadership *(Councilors)*

_____ Jurisdictional Leadership *(PMCs & current appointed JOs)*

Evening Track Selection: _____ Event Planning _____ Communications
Rank 1-4 (1 being the highest)
_____ Chapter Operations _____ Membership

DeMolay Degree Parts Known: _____

Registrant's Name: _____ Date of Birth: _____

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.

_____ I authorize the Medical Staff at LTC to give my son over-the-counter medications if deemed necessary.
Please check or initial each medication to show approval for administration. If no check or initial appears it is assumed the answer is no until medical staff can obtain parental approval.
_____ Ibuprofen (Advil, Motrin)
_____Acetaminophen (Tylenol)

(Y / N) I would like to be notified if my child receives these medications.

_____ _____

Signature of Registrant (All) | Signature of Parent/Guardian (Optional 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

<u>REQUIRED</u>: 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:

	Asthma		**Hepatitis**		**Lung Disease**
	Bleeding Disorder		**HIV/AIDS**		**Seizure Disorder**
	Diabetes		**Hospital Admission (w/in 1 mo)**		**Sickle Cell Disease**
	Ear/Sinus Problems		**Hypertension**		**Sleep Apnea**
	Gastric Problems		**Implanted Medical Device**		**Stroke**
	Head or Brain Injury		**Kidney Disease**		**Surgery within the last year**
	Heart Disease		**Learning Disorders**		**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

Immunizations: **<u>Required</u>** 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: _____