

Michigan DeMolay Conclave 2022 Registration

NOTE: Use only one registration form per person

NOTE: DeMolay, Job's Daughters, and Rainbow's Registration Forms WILL NOT be accepted unless approved and signed by a Chapter advisor, Bethel Guardian or Mother Advisor



August 13, 2022 • Scottish Rite Valley-Detroit • 907 Monroe St., Dearborn, MI 48214

| | | | | | | | | | | | | | | | | | | | | |
|---------------------------------------|--|--|--|--|--|--|--|--|--|--------------------------------------|-----------|---|---|--|--|--|--|--|--|--|
| FIRST NAME | | | | | | | | | | M.I. | LAST NAME | | | | | | | | | |
| ADDRESS <> STREET NO. & NAME | | | | | | | | | | APARTMENT NO. | AGE | M | F | | | | | | | |
| CITY | | | | | | | | | | STATE | ZIP CODE | | | | | | | | | |
| PHONE NUMBER | | | | | | | | | | E-MAIL ADDRESS | | | | | | | | | | |
| NAME OF CHAPTER OR OTHER MASONIC BODY | | | | | | | | | | CURRENT TITLE OR CURRENT OFFICE HELD | | | | | | | | | | |

CHECK THE ONE THAT BEST APPLIES

- ☐ Active DeMolay
- ☐ DeMolay Candidate
- ☐ Senior DeMolay
- ☐ DeMolay Squire
- ☐ DeMolay Advisor
- ☐ Parent or Advisor
- ☐ Active Job's Daughter
- ☐ Job's Advisor
- ☐ Active Rainbow Girl
- ☐ Rainbow Advisor

| COST | CONCLAVE - Meals are provided by Park Place Caterers. Meal includes choice of Turkey, Roast Beef, or Veggie sandwich on a Kaiser roll, pasta salad, fresh fruit cup, cookie, and beverage. FUN EVENT - 4 hours at Midway Sports and Entertainment in Taylor. Unlimited rides on: Go Karts, Double Karts, Mini Golf, Driving Range, Spin Zone, Double Spin Zone, Rock Climbing, Bungy Dome. Private Picnic Area - 2 slices of pizza, beverage, and dessert. | Meal Choice (Choose One) Checked box indicates meal choice and registration type | | |
|------|---|---|--------------------------|--------------------------|
| | | Turkey | Roast Beef | Veggie |
| \$35 | <u>Conclave and Fun Event - No charge for children under 5</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| \$25 | <u>Conclave Only</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

NOTE: Any registration postmarked after July 29 will not be accepted.

There will be a \$30 fee assessed for the any of following reasons:

- A canceled reservation after the July 29.
- A no show reservation.
- A NSF Check.

A reservation cancellation must be submitted electronically to 'Mom' Cheryl Stewart

SUB-TOTAL \$ _____

GRAND TOTAL \$ _____

TOTAL ENCLOSED \$ _____

BALANCE DUE \$ _____

A \$0.50 processing fee will be added on for each registration that is paid by credit card.

Make Check or Money Order
Payable to "Michigan DeMolay"
Note: DO NOT SEND CASH

Mail To: Conclave 2022
ATTN: 'Mom' Cheryl Stewart
43601 Antietam Dr.
Canton, MI 48188

For any questions please contact:
'Mom' Cheryl Stewart P: 734-560-1570 E: cstewart@michigandemolay.org
'Dad' Jeff Stewart P: 734-673-4012 E: jstewart@michigandemolay.org

Adult Leader Approval & Statement

☐

DeMolay Chapter Dad Advisor

☐

Job's Daughters Bethel Guardian

☐

Rainbow Mother Advisor

(Signature Of Adult Leader Required)

I understand that an adult leader listed as a Michigan DeMolay Advisor, Job's Daughter Bethel Council Member or Rainbow Advisory Board Member, MUST be registered and present during the entire DeMolay Event activities and have agreed to be responsible for the above named DeMolay, Job's Daughter or Rainbow Girl (or other youth under the age of 21 years). The name of such DeMolay Advisor, Job's Daughter Bethel Council Member or Rainbow Advisory Board Member (with Chapter name, Bethel # and name or Assembly # and name and their home phone number) is shown below. If I am such DeMolay Advisor, Job's Daughter Bethel Council Member or Rainbow Advisory Board Member, I have indicated "SELF" below.

Responsible Adult Leader: _____

Print Name

Telephone Number

Chapter, Bethel or Assembly Name

Participants Indemnification

Name of participant: (Print) _____

I hereby promise to conduct myself in a responsible manner and abide by the DeMolay rules and regulations, remembering that the future welfare of the Order of DeMolay is in my hands; and to follow all of the rules and regulations for this DeMolay event. If I do not abide by this promise, I will be subject to being returned home immediately at my own expense.

In consideration of the DeMolay Staff accepting this registration, I shall indemnify and hold Michigan DeMolay, The International Supreme Council of the Order of DeMolay, all Affiliated Organizations and the DeMolay Staff harmless from and against any and all penalties, losses, costs, damages, suits, judgments, claims, demands, expenses and liabilities of any kind or nature whatsoever, arising directly or indirectly out of or in connection with my attendance at this DeMolay event.

Participant's Signature: _____

Date: _____

Parental Permission & Medical Release

As the Parent or Legal Guardian of the participant named above, I hereby give my permission for the DeMolay Staff to enter the above named participant into a hospital of their choosing. They may also obtain medical attention or treatment by a physician, if in their opinion, the above named participant needs medical attention or treatment. I also realize that DeMolay members attending this event may be engaged in indoor and outdoor activities and other physical activities related to this event.

To the best of my knowledge, there is no reason why the above named participant should not be allowed to participate in the DeMolay activities.

I also agree, upon notification from the DeMolay Staff, to pick up the above named participant, if, in the opinion of the DeMolay Staff, it is necessary that he/she be removed from the site of this DeMolay event. In addition, I agree on behalf of the above named participant, that his/her room may be entered if it is deemed necessary by the DeMolay Staff.

In consideration of the DeMolay Staff accepting this registration, I shall indemnify and hold Michigan DeMolay, DeMolay International, all Affiliated Organizations and the DeMolay Staff harmless from and against any and all penalties, losses, costs, damages, suits, judgments, claims, demands, expenses and liabilities of any kind or nature whatsoever, arising directly or indirectly out of or in connection with the above named participant's attendance at this DeMolay event.

(Parent or Legal Guardian Signature) _____

Date: _____

Health History

The DeMolay Staff should be aware that this participant has experienced health problems with the following and any dietary or allergy restrictions. Dietary restrictions MUST be indicated here to receive a personalized meal ticket for all food functions. To ensure your safety, special requests will not be provided at meal functions without a meal ticket.:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Ear Trouble | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Epileptic Seizures | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Sinus Trouble |
| <input type="checkbox"/> Cramps In Water | <input type="checkbox"/> Fainting | <input type="checkbox"/> Hernia | <input type="checkbox"/> Throat Infection |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Participant has no health problems |

Health Notes/Food Allergies: _____

***Non-insurance waiver:** I hereby agree not to hold Michigan DeMolay responsible for any injuries sustained during the entire DeMolay event.

(Parent or Legal Guardian Printed Name) _____

(Parent or Legal Guardian Signature) _____

Name of Medical Insurance Company: _____

Policy #: _____

Name of Family Physician: _____

Telephone No: (Including Area Code) _____

City: _____ State: _____ Zip Code: _____

In case of an emergency, contact:

Address: _____

Day Phone : (Including Area Code) _____

City: _____

Evening Phone : (Including Area Code) _____

State: _____ Zip Code: _____