

Individual Registration



State Event: _____

Registrant Information

Name: _____

Chapter: _____

Address: _____ T-Shirt Size: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____ Birth date: _____

Participant is:

Roommate preference _____

- DeMolay
- Prospect
- Sweetheart
- Job/ Rainbow
- Advisor / Chaperone

Participant's Indemnification

Required by all participants – both adults and youth

I hereby promise to conduct myself in a responsible manner and abide by the DeMolay rules and regulations; and to follow all of the rules and regulations of 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 Minnesota 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 my attendance at this DeMolay event.

PARTICIPANT'S SIGNATURE: _____ DATE: _____

Medical History and Release Form

The Event Advisors should be aware that this participant has experienced health problems with the following:

I understand that this event may involve indoor and outdoor activities including but not limited to: athletics, vigorous physical activity, dancing, swimming, skiing, snowboarding and travel and the above named participant has my permission to participate in these activities. I know of no reason why restriction should be placed on the participant except for the following:

Medical Insurance Company _____

Medical Insurance Policy # _____

Family Physician _____

Phone # _____

Address _____

Preferred Hospital _____

City _____

State _____ Zip _____

IN CASE OF EMERGENCY, CONTACT:

Name _____

Daytime Phone # _____

Address _____

Evening Phone # _____

City _____

State _____ Zip _____

PARENTAL PERMISSION & MEDICAL RELEASE

Required for all Participants Under 21 Years of Age

As the Parent or Legal Guardian of the participant named above, I hereby give 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 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 form, I shall indemnify and hold Minnesota 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.

Signature _____
Parent or Legal Guardian

Date _____

Signature _____
Chapter Dad / Advisor / Chaperone

Date _____