

**<> ADULT LEADER <>
APPROVAL AND STATEMENT**

- DeMolay Chapter 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 CONCLAVE 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) Home Telephone No: Chapter, Bethel or Assembly Name

MEDICAL HISTORY AND RELEASE FORM

<> PARTICIPANT'S INDEMNIFICATION <>

REQUIRED FOR ALL PARTICIPANTS

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 be removed immediately and return home 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, judgements, 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:** _____

<> HEALTH HISTORY <>

The DeMolay Staff should be aware that this participant has experienced health problems with the following:

Participant has no health problems

- | | | | |
|--|---|---|---|
| <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 _____ | | |

Name of Medical Insurance Company: _____
 Medical Insurance Policy Number: _____

Name of Family Physician: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone No: (Area Code) _____ Phone No. _____

In case of an emergency, contact :

Name : _____
Address: _____
City: _____
State: _____ **Zip Code:** _____

Telephone Number For Emergency Contact:
Day: (Area Code) _____ Phone No. _____
Night: (Area Code) _____ Phone No. _____

<> PARENTAL PERMISSION & MEDICAL RELEASE <>

Required For All Participants Under 18 Years of Age

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, judgements, 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:** _____