

DEADLINE: MUST BE POSTMARKED BY FRIDAY, JUNE 20, 2008
TEXAS DEMOLAY STATE CONCLAVE REGISTRATION FORM

Name:			
Address:			
City:		Zip:	
Chapter:		Note: Age is as of Last Day of Conclave!	
Office you are now holding:		Age:	Birth date:
Circle Titles:	PMC	PMC-MSA	RD
	KT	PIKC	PIKC-MSA
	BHK	FMA	CHEV
	PC	LOH	HLOH
	COH	ADVISOR	MOA
	SR.	DeMOLAY	SWEETHEART
	CHAPERONE	PARENT	GUEST
Email:			

RELEASE AND CONSENT FORM

1. I, the undersigned Parent or Legal Guardian of _____, do hereby give my consent and permission for him/her to participate in the Texas DeMolay State Conclave. I understand all activities and events of any duly chartered Chapter, Order of DeMolay, of the Jurisdiction of Texas, including any activities or events conducted at the state or jurisdictional level, or by the International Supreme Council, Order of DeMolay; WITH THE FOLLOWING EXCEPTIONS: (State on line below, if NONE, write NONE.)

2. In the event of injury or illness to the above named minor, I, the undersigned Parent or Guardian, hereby authorize any adult DeMolay Advisor in attendance to secure, and any physician in attendance to provide, such emergency medical treatment as shall be deemed necessary by those present; including but not limited to hospitalization, injections, anesthesia, surgery, x-ray, blood, and medications. I understand that every reasonable effort shall be made to contact me prior to medical treatment.

3. The above named minor is subject to the following medical problems, and/or is receiving treatment under the supervision of proper medical authorities as follows: (State on the line below, if NONE state NONE):

4. Neither DeMolay International nor the jurisdiction of Texas, Order of DeMolay, maintains any medical insurance for its members. I understand that I will be responsible for any and all costs of medical treatment incurred by or on behalf of _____
 My family health insurance carrier and policy numbers are as follows:

Primary Insurance Company Name	Policy Number(s)	Policy Holder's Name
Secondary Insurance Company Name	Policy Number(s)	Policy Holder's Name

5. I, the undersigned Parent or Legal Guardian, AND the undersigned Youth (legal minor), do hereby agree that we will abide by the Statutes, rules, regulations, and edicts of the International Supreme Council, Order of DeMolay, and its duly authorized representatives. We agree that, if in the opinion of any DeMolay Advisor, either of us should be removed or asked to leave any DeMolay activity for violation of the same, that the undersigned Parent or Legal Guardian will immediately take the necessary action to cause the transportation of violator from the activity site at the expense of the undersigned Parent or Legal Guardian.

6. We hereby agree to release and hold harmless the International Supreme Council, Order of DeMolay, the Grand Master of DeMolay International, and its members together with the Executive Officer, staff members, and Advisors of Texas, Order of DeMolay, from any and all claims or cause of action which the undersigned has or may have. This specifically includes any and all plans which arise out of the attendance at Texas DeMolay Conclave, including transportation to and from said event. IF I AM UNDER SUSPENSION OF MY MEMBERSHIP FOR ANY REASON, I UNDERSTAND I MAY NOT ATTEND THE EVENT.

7. IN THE EVENT OF AN EMERGENCY, AND THE UNDERSIGNED PARENT OR GUARDIAN CANNOT BE REACHED, THE UNDERSIGNED PARENT OR GUARDIAN HEREBY AUTHORIZES THE FOLLOWING PERSON TO ACT ON THEIR BEHALF:

Name:	Phone:
Address:	Relationship:

8. Parent or Legal Guardian: Please provide the following information about yourself:

Your Full Name: _____

Street & Mailing Address: _____

City/State/Zip: _____

Telephone	Home:	Work:
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Relationship to Youth: _____

9. If youth's address is different than Parent or Legal Guardian, please state on lines below, (If SAME, write SAME.)

Your Full Name: _____

Street & Mailing Address: _____

City/State/Zip: _____

Signature of Parent or Legal Guardian _____ Signature of Youth (legal minor) _____

Return to: Kent B. Crickard
Conclave Registrar
200 S. Callaghan Road
San Antonio, Texas 78227-1547 **Mobile Phone: (210) 889-9952** **E-Mail: kcrickar@gmail.com**