

New Hampshire DeMolay Conclave 2024

Parent Info Form

PARENTS: Please keep this page of information in order to reference the details of the event, phone numbers to reach the staff and the schedule.

New Hampshire DeMolay is proud to announce New Hampshire DeMolay Conclave 2024, **sponsored by The Grand Lodge of New Hampshire, Free & Accepted Masons**. DATES: June 14th, 15, and 16th, 2024. It will be held once again at the New Hampshire Army National Guard Training Center, 1 Austin Cate, Center Strafford, NH 03884

COST: \$95.00 for DeMolay, \$50 for Squires, due with this signed Registration. Checks should be made payable to "NH DeMolay" Please contact your Chapter Dad or Chairman to discuss financial information. The DeMolay members will be two or more to a room in twin beds or barrack style bunks of 20 plus DeMolays. Squires are welcome to come on Saturday but cannot stay for the weekend.

There will be a DeMolay and More Store. Details to follow but there will be drinks, snacks, water, shirts and assorted merchandise for sale.

Please arrive at 6:30 PM to the DeMolay Registration Desk on the Drill Deck. We will Not be serving dinner so please be sure your son has eaten dinner before he arrives.

There will be pizza **late** Friday night.
Breakfast, Lunch, Banquet, and Pizza on Saturday.
Breakfast on Sunday.

The DeMolays will receive a 2024 Conclave T-shirt for Saturday during the day. Friday night dress is Chapter Polos. Saturday evening banquet dress code will be suits / jackets & ties, dress shirts. Sunday will be a DeMolay shirt.

Please share with us any other information to allow us to help your child. Is this his first time away from home overnight? Will he need extra time in the morning to wake up for breakfast?

Does he know how to tie his necktie? If not, we have folks that will teach him!! Is there anything you want us to know that will increase his Fun Meter?

If you want to check in on your son, please feel free to call one of the advisors listed below...

Dad Arthur Stauff, Executive Officer (203.518.1570)
Dad Sam Varjabedian, Deputy Executive Officer (603.566.6893)
Mom Linda Stauff, Director of Admin (203.568.5028)
Dad Richard Davis, Conclave Committee Co-Chair (603.553.5305)
Dad Jordan Pratte, Conclave Committee Co-Chair (603.903.3414)

Our phones will be on us at all times, so feel free to contact us at any point during the event.

Tentative Schedule

Friday

6:30pm - Arrival (having had supper)

7:30pm - Opening of NH State Chapter - Attire: Business Casual (Polo Shirts, Khakis, or Slacks)

Initiatory Degree

DeMolay Obligation

Recess the session

~9:00pm - Pizza & A Movie

11:00pm Back to Rooms, Lights Out

Saturday

7:00am - Wake up knocks on doors

8:00am - Breakfast - Attire for day Conclave T-Shirts - Set up teams

9:00am - Yard Games, Obstacle Course, and other activities

11:15am - Conclave Pictures

11:30am - 12:30pm - Lunch

1:00pm - 4:00pm -Continuation of Yard Games Programs Program

3:30pm - Youth Protection Training for Advisors

4:00pm - 5:30pm - Personal Hygiene preparation for Banquet

5:30 - Annual Banquet Dinner - Attire: Suit And Tie

7:00pm - Installation of Officers

7:45pm - Reconvene session. Brotherhood Award Secret Ballot

~9:00pm - Pizza & A Movie

11:00pm - Back to Rooms, Lights Out

Sunday

7:00am - Wake up knocks on doors

8:00am - Breakfast - Attire for breakfast informal Demolay shirts

9:00am - Devotional Service & Necrology

9:30am - Final Public Session

10:00am - Youth Protection Training for the Youth

~10:30am Room cleaning and Inspection

12:30pm Final Clean-up

1:00pm Dismiss

We politely ask that you avoid, if at all possible, picking your son up from Conclave before 1pm. If your son needs to leave earlier than that, you must contact one of the advisors listed in this form. If you have any questions or concerns, please contact Dad Stauff.

New Hampshire DeMolay Conclave 2024

Pre-event Instructions

Paperwork:

This packet contains the following items...

- Parent Info form
- Tentative Schedule for the event
- Pre-event Instructions
- Registration form
- Medical Release and Consent forms

Please have the registration and medical release forms filled out, signed, and in the mail before Friday, May 31st, 2024.

Once you are finished with the paperwork, please mail them with a check for the registration fee included to...

**Dad Jordan Pratte
27 Crystal Springs Way
Somersworth NH, 03878**

You keep the Parent Info Form, Schedule, and these instructions; mail Dad Pratte the Registration, Check, and Medical Forms.

What to pack:

Packing is often one of the hardest parts of getting ready for an event. Below is a list of items the young men need to pack...

- Three days worth of socks and underwear.
- Polo shirt with Khakis or Slacks
- Suit and tie
- Personal toiletries (shampoo, toothpaste, **deodorant**, etc.)
- Towel
- Bathing suit
- Pajamas
- Sweatshirt/light jacket
- Athletic wear
- Closed-toed shoes and/or sneakers
- Water bottle
- Spending cash for the DeMolay store

Please do be advised that the facility provides bedding such as a pillow, a bedsheet, and a wool blanket.

What not to pack:

New Hampshire DeMolay is not responsible for any items lost or stolen! Thus, here is a list of items **NOT** to pack...

- Do not pack any computers or non-essential electronics.
- Do not pack anything that can be easily lost or destroyed.
- Do not pack anything of value that can be easily stolen.
- Do not pack any extra medications NOT listed on the included Med Forms.
- Do not pack any drinks such as soda or energy drinks



PROGRAM REGISTRATION: 2024 CONCLAVE

sponsored by The Grand Lodge of New Hampshire, Free & Accepted Masons

When: June 14th-16th, 2024

Where: New Hampshire Army National Guard Training Center, 1 Austin Cate, Center Strafford, NH

Make checks payable to "NH DeMolay" and mail to 27 Crystal Springs Way, Somersworth, NH, 03878

Please check one of the following...

DeMolay (\$95)

Squire (\$50)

Adult (\$95)

Banquet Only (\$35)

Name: _____ **Age:** _____ **Date of Birth:** _____

Address: _____ **Member's Phone:** _____

City: _____ **State:** _____ **ZIP** _____ **Member's email:** _____

Home Chapter: _____ **Jurisdiction:** _____ **T-Shirt Size:** _____

In case of emergency, please contact:

Primary - Name: _____ **Alternate - Name:** _____

Parent email: _____ **Email address:** _____

Cell Phone Number: (____) _____ **Cell Phone Number:** (____) _____

Work/Home Phone: (____) _____ **Work/Home Phone:** (____) _____

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 event in appropriately labeled containers. Use additional paper if needed.

Name of Medication _____

Dosage _____

Frequency of Dose _____

Reason for Using _____



DEMOLAY INTERNATIONAL
MEDICAL HISTORY and RELEASE FORM

IDENTIFICATION of PARTICIPANT

(Required for all participants under 21 years of age or younger)

NAME ADDRESS CITY STATE ZIP AGE ACTIVE DEMOLAY () VISITOR () GENDER

I hereby promise to conduct myself in a responsible manner and abide by DeMolay rules and regulations and the rules and regulations of this DeMolay event. I will be subject to being dismissed from the event and sent home at my own expense if I do not abide by this promise.

(Participant's signature) (Date) (Parent/Legal Guardian signature) (Date)

CONSENT and RELEASE

I, the undersigned Parent/Legal Guardian of the above identified participant, do hereby give my consent and permission for them to participate in all activities and events conducted by ... I agree to release and hold harmless members, advisors, and officers of DeMolay International, from all claims or cause of actions, which the undersigned has or may have.

(Parent/Legal Guardian signature) (Date)

I may be reached at the following numbers during the above event:

CELL () - HOME () - OTHER () -

EMERGENCY CONTACT: TELEPHONE NUMBER:

MEDICAL INSURANCE INFORMATION:

INSURANCE CARRIER: POLICY HOLDER:

POLICY/GROUP #

TELEPHONE NUMBER for EMERGENCY INSURANCE AUTHORIZATION: () -

MEDICAL HISTORY of PARTICIPANT

Is participant currently under care for any illness or injury? () YES () NO

Explain:

Has participant had any surgeries or significant injuries in the past 12 months () YES () NO

Explain:

Does participant have any food, drug, or contact allergies? () YES () NO

List any, and describe reaction (example – hives)

Will the participant have any prescribed or over-the-counter medications with them?

() YES () NO

List any, and when the medication is to be taken:

Does participant have any disability or physical limitations that may affect participation in activities or require special arrangements? (example – requires handicapped-accessible bathroom)

Please list any special dietary needs or restrictions (medical/religious – example: gluten free or no pork)

List any other condition or concerns we should be aware of:

ALL medications will be turned in to the Executive Officer's Representative upon arrival

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 DeMolay for my/his participation in the Conclave weekend. I hereby assign and grant to DeMolay International the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me, and I hereby release DeMolay International from any and all liability from such use and publication. I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said items without limitation at the discretion of DeMolay International and I specifically waive any right to any compensation I may have for any of the foregoing.

I hereby agree that I/my son will conduct myself in a responsible manner, abide by the by-laws, rules, regulations, statues and edicts of DeMolay International and its duly authorized representatives. I shall indemnify and hold Conclave Staff, New Hampshire DeMolay, DeMolay International, The International Supreme Council of the Order of DeMolay, and all Affiliated Organizations 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 and to follow all of the rules and regulations of this DeMolay event.

I agree that, if in the opinion of the Conclave Staff, I/my child should need to be removed or asked to leave Conclave for any reason, that I will immediately take the necessary action to effect my/their removal from the site at my expense. I agree that I will be responsible for any damage or injury I/my child may cause beyond reasonable wear and tear. I hereby agree to release and hold harmless the Conclave Staff and NH DeMolay.

Medical Consent: I hereby authorize any DeMolay Advisor at this event 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 DeMolay Staff to contact me prior to medical treatment. **I give consent for the Advisor**

to administer Tylenol or Advil without calling for permission _____ Yes _____ No ←

Please share with us any other information to allow us to help your child. If you want to check in on your son, please feel free to call...

- Dad Arthur Stauff, Executive Officer (203.518.1570)**
- Dad Sam Varjabedian, Deputy Executive Officer (603.566.6893)**
- Mom Linda Stauff, Director of Admin (203.568.5028)**
- Dad Richard Davis, Conclave Committee Co-Chair (603.553.5305)**
- Dad Jordan Pratte, Conclave Committee Co-Chair (603.903.3414)**

Transportation to and from Conclave is the member's responsibility. Dinner will **NOT** be served Friday. **Please eat before you arrive.** Members to Arrive Friday 6:30 PM and Depart Sunday firmly at 1:00 PM.

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 DeMolay Member	Signature of Parent/Guardian	Signature of Chapter Dad/Chairman
Print name of DeMolay Member	Print name of Parent/Guardian	Print name of Chapter Dad/Chairman