



CONCLAVE REGISTRATION: 2025 CONCLAVE

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

When: June 13th-15th, 2025

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

Make checks payable to "NH DeMolay"

Mail checks and Registration to Mom Wanda Cloutier, 405 Girard Ave, Pembroke NH 03275

Or eMail Registration: unionda@nhdemolay.org

Mail no later than: May 31st 2025

Please check one of the following ☐ DeMolay \$145 ☐ Squire \$50

Advisors/Adults need to complete the Advisor Registration.

DeMolay 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 _____ AGE _____
ADDRESS _____ ACTIVE DEMOLAY ()
CITY _____ VISITOR ()
STATE _____ ZIP _____ 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. I shall indemnify and hold DeMolay International, The International Supreme Council of the Order of DeMolay, and all Affiliated Organizations harmless from and against 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 connections with my attendance at the DeMolay event.

(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. In the event of injury or illness to the above named participant, I hereby authorize any Advisor in attendance to secure, and any healthcare provider in attendance to provide such emergency treatment as may be deemed necessary by those present including but not limited to hospitalization, medication administration, diagnostic radiology and procedures, surgery, and blood transfusions. I understand reasonable efforts will be made to contact me prior to medical treatments.

(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, statutes 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.

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 6:00 PM and Depart Sunday firmly at 2:00 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 Chairman

Print Name of DeMolay Member

Print name of Parent/Guardian

Print name of Chapter Chairman