



# CONCLAVE REGISTRATION: 2026 CONCLAVE

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

**When:** May 29th to 31st 2026

**Where:** Lake Shore Village Resorts, 133 Cottage Rd, Weare NH 03281

**Website:** <https://lakeshorevillageresort.com/about>

**Cost:** \$150.00 DeMolay, \$50 Squire

**Make checks payable** to “NH DeMolay”

**Mail checks and all pages of registration:** Mom Wanda Cloutier, 405 Girard Ave, Pembroke NH 03275

**Or eMail:** [momwandacloutier@gmail.com](mailto:momwandacloutier@gmail.com)

**Send no later than:** May 7th 2026 **note that due location we MUST have your registration by this date**

Please check one of the following     DeMolay \$150     Squire \$50

*Note that Advisors/Adults need to complete the Advisor Registration.*

**DeMolay Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**ZIP** \_\_\_\_\_ **Member’s Phone:** \_\_\_\_\_ **Member’s email:** \_\_\_\_\_

**Jurisdiction:** \_\_\_\_\_ **Home Chapter:** \_\_\_\_\_ **Position (if applicable)** \_\_\_\_\_

**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:

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

Explain:

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

List any, and describe reaction (example – hives)

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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:

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

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

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

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**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.**

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**