



# Congress 2009 Registration Form

**MARCH 6, 7, 8 TH, 2009**

Camp Round Meadow, Catoctin Mountain Park (near Thurmont, Maryland)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Chapter: \_\_\_\_\_

Years in DeMolay: \_\_\_\_\_

Highest Office Held: \_\_\_\_\_

Attended Congress before: **Yes/ No**

Representative DeMolay: **Yes / No**

LCC Courses: **Yes / No** , if so how many?: \_\_\_\_\_

Registration fee:

**\$30.00** for Maryland DeMolays only

**\$60.00** for Advisors and other guests

Please send completed Registration form and the registration fee (make checks out to MSADC **with the note UDMC 2009**) to:

**MSADC**

**P.O. Box 724**

**Reisterstown, MD 21136**

Please complete release form on the back of this registration. Registration forms must be received by February 25, 2009. Late applications will not be accepted.

**Please fill out medical information on back!**  
**MEDICAL HISTORY AND RELEASE FORM**

**NAME OF PARTICIPANT** \_\_\_\_\_

Participants INDEMNIFICATION **(REQUIRED OF ALL PARTICIPANTS)**

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 being returned home immediately at my own expense. In consideration of the DeMolay staff, I shall indemnify and hold DeMolay International, all affiliated organizations, and the DeMolay staff 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.

**PARTICIPANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**MEDICAL HISTORY**

The DeMolay staff should be aware that this participant has experienced health problems with (please list all medical problems and medications being taken): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Medical Insurance Company: \_\_\_\_\_

Medical Insurance Policy Number: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Physician  
Address/City/State: \_\_\_\_\_

\_\_\_\_\_

In case of emergency, contact (name): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Contact  
Address/City/State: \_\_\_\_\_

**PARENTAL PERMISSION & MEDICAL RELEASE (for all under 18 years of age)**

As the parent of, 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 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, I shall indemnify and hold DeMolay International, all affiliated organizations, and the DeMolay staff 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 above named participant's attendance at this DeMolay event.

**PARENT/LEGAL GUARDIAN**  
**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_