



Conclave 2018

Attached you will find the necessary paperwork and forms for Wisconsin DeMolay's 93rd Conclave. That's right – It's time for Conclave!! This year's gathering will take place at Edgewood Campus in Madison.

Where? Edgewood Campus, Madison

When? July 26 – July 29, 2018

COST

Active DeMolay Normal Registration \$80

Active DeMolay Late Registration (July 7th or later) \$125

Advisors(non-staff)/Adults/Parents \$100

Banquet/Dance \$30

Registration Deadline
Forms and Payment MUST be received by July 11th

We are offering a program for all Advisors attending who are not members of the Conclave Staff. We hope to have a great turn out for the topics being presented.

No registrations will be accepted via phone!

We are requesting the chapters head the registration process (we have had double registrations, and confusion on how payment was going to be made last year) and pay on-line if at all possible. If the Chapter is assisting with payment, please have the attendee pay the Chapter, then the Chapter submits full payment. This will ensure the Chapter knows which members are going and we get an accurate head count for conclave. We will work with you to make this as easy of an experience as we can for all of us!

If you have any questions about Conclave or the registration process, please talk to a State Officer or you can contact Dad Jeff Hinze at (715) 281-0470 (conclave@widemolay.org) or Dad Rick Itzenhuiser at (262) 914-9496 (registration@widemolay.org)

Official Rules for Conclave 2018

1. No one (including adults) will leave the grounds of the Edgewood Campus for any reason without the permission of Dad Hinze.
2. There will be no trading or switching of rooms. If a problem exists, please see Dad Itzenhuiser.
3. It is illegal for minors (those under the age of 18) to buy, own, or possess any cigarette or tobacco product. We will enforce this law. DeMolay International Rules and Regulations forbid the use of tobacco by DeMolay at any DeMolay Event. For adults, it is illegal to smoke in any of the campus buildings, including your room. If smoking is necessary it must be done outside and not in the presence of DeMolay.
4. The **MINIMUM** penalty for breaking any of the above ground rules will be to have your parents called and be sent home. Further disciplinary action may be taken based upon the severity of the offense, up to and including the involvement of local law enforcement.
5. We are not the only group on at the campus and everything we do and how we act will reflect on DeMolay. Disrespectful conduct and foul language will not be tolerated.
6. Everyone will participate in all Conclave events. If you want to sleep, do it at night.
7. iPod, (or any other type of musical listening devise) tablets and personal computers must remain in your room. If music is played loud enough to be heard in the hallway or in an adjoining room, the Conclave Staff reserve the right to confiscate the device until the end of Conclave.
8. If you damage any property or lose your key, you will be responsible for the cost of repair, cleaning or replacement including any charges from Edgewood
9. You are required to be wearing your nametag/badge at all times.
10. Random room inspections will be conducted during Conclave to see if your room is being kept clean. Rewards or consequences will be applied based on the appearance of your room.

_____ Date _____
PARTICIPANT'S SIGNATURE

_____ Date _____
PARENT OR LEGAL GUARDIAN'S SIGNATURE

Conclave 2018

What NOT to bring:

At no time should any participant bring weapons, drugs or alcohol to a DeMolay event. Should these items be found, **all members** of the Chapter may be asked to leave the event. We encourage participants to leave laptops or other valuables at home. The dorm rooms are able to be locked but we do not take responsibility for any items lost or stolen. Leave the "portable" entertainment at home and enjoy the weekend. Dorm areas are **NON** smoking and smoking will be permitted in designated areas by adults only.

What to bring:

Reminder, Conclave is 4 day/3 night so bring enough items for the weekend.

CLOTHING:

- Shirts
- Pants/Shorts (including Kakis)
- Underwear
- Athletic Shoes
- Socks
- Belt
- Swimsuit
- Sleeping clothes (PJs)
- Dress Shirt
- Dress Slacks
- Dress Shoes
- Dress Socks
- Dress Belt
- Tie
- Sports Coat (optional)
- Tux (State Officers)
- Sweat Pants
- Sweat Shirt

BEDDING:

- Sheets or Sleeping Bag
- Blanket
- Pillow

TOILETRIES:

- Towel
- Washcloth
- Soap
- Shampoo
- Body Wash
- Brush/Comb
- Toothbrush
- Toothpaste
- Floss
- Mouth Wash
- Sunscreen
- Deodorant**

PERSONAL ITEMS:

- State Officer Collar
- Medication (must declare meds to registration staff on arrival)
- Money (for DeMolay Store, snacks)
- Writing Utensils
- Fan (Dorms are air conditioned)

DeMolay Permission, Release and Indemnity – Child Under 18

Each of the undersigned grants permission to my child to accompany any chapter or jurisdiction of DeMolay International to, from and during any activity or event of any chapter or jurisdiction of DeMolay. The information on this form may be used at the discretion of any advisor or adult volunteer of DeMolay to see that care or attention is given to the health of my child.

Name of Child: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

List any medications needed:

Does your child have any physical, mental or emotional conditions that would prevent the child from participating in activities? . If so, please explain:

Does your child have any reaction to drugs, food, insect bites, etc.? If so, please provide information on reaction and treatment.

Father/Guardian Name: _____ Phone: (____) _____ Cell: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Mother/Guardian Name: _____ Phone: (____) _____ Cell: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact: Name/Relationship: _____ Phone: (____) _____

Family Practice MD Name: _____ Phone: (____) _____

Insurance: Carrier: _____

Policy No.: _____ Group No.: _____ Member No.: _____

Each of the undersigned parents/guardians grants to any DeMolay advisor or adult volunteer authority to exercise supervision of the child to and from and during the time the child is participating in a DeMolay chapter or jurisdiction activity or event.

Each of the undersigned agree that, if deemed appropriate by a DeMolay advisor having supervisory authority at the activity or event: (1) my child's room may be entered, (2) the child may be removed from any activity or event and/or (3) the child may be returned home or one of the undersigned will pick the child up.

Each of the undersigned hereby releases any DeMolay chapter, jurisdiction advisor and adult volunteer from any liability caused by the child.

Each of the undersigned authorizes any DeMolay advisor or adult volunteer to obtain for the child whatever medical services, including hospital and physician(s), such advisor or adult volunteer determines appropriate as a result of injuries to or illness of the child at the DeMolay activity or event or going to or from such activity or event

Each of the undersigned agrees to pay the DeMolay chapter, jurisdiction, advisors or adult volunteers for any monies or credit advanced by any of them for such purposes and to indemnify and hold harmless said DeMolay chapter, jurisdiction, advisor or adult volunteer for medical expenses arising from any medical bills or medical expenses arising from any such medical aid rendered to or for the child.

Father/Legal Guardian Signature: _____ Date: _____

Mother/Legal Guardian Signature: _____ Date: _____

DeMolay Permission, Release and Indemnity – Person over 18

The undersigned grants permission to the use of information on this form, at the discretion of any advisor or adult volunteer of DeMolay to see that care or attention is given to my health.

My Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

My Phone: (____) _____ Cell: (____) _____

List any medications needed:

Do you have any physical, mental or emotional conditions that would prevent you from participating in activities? . If so, please explain:

Do you have any reaction to drugs, food, insect bites, etc.? If so, please provide information on reaction and treatment

Emergency Contact: Name: _____ Relationship: _____

Phone: (____) _____ Cell: (____) _____

Family Practice MD Name: _____ Phone: (____) _____

Insurance: Carrier: _____

Policy No.: _____ Group No.: _____ Member No.: _____

If I am under age 21, I grant to any DeMolay advisor or adult volunteer authority to exercise supervision over me during the time I am going to or from or participating in a DeMolay chapter or jurisdiction activity or event.

If I am under age 21, I agree that, if deemed appropriate by a DeMolay advisor having supervisory authority at the activity or event: (1) my room may be entered, (2) I may be removed from any activity or event and/or (3) I will return home at my own expense.

I hereby release any DeMolay chapter, jurisdiction advisor and adult volunteer from any liability caused by me.

If I am unable to make informed decisions by myself, I authorize any DeMolay advisor or adult volunteer to obtain for me whatever medical services, including hospital and physician(s), such DeMolay advisor or adult volunteer determines appropriate as a result of injuries to or illness of me at the DeMolay activity or event or going to or from such activity or event.

I agree to pay the DeMolay chapter, jurisdiction, advisors or adult volunteers for any monies or credit advanced by any of them for such purposes and to indemnify and hold harmless said DeMolay chapter, jurisdiction, advisor or adult volunteer for medical expenses arising from any medical bills or medical expenses arising from any such medical aid rendered to or for me.

Signature: _____ Date: _____