

# H. Malvern Marks Chapter Order of DeMolay Member Registration Form

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## RELEASE AND CONSENT FORM

1. I, the undersigned Parent or Legal Guardian of \_\_\_\_\_, do hereby give my consent and permission for him to participate in any H. Malvern Marks Chapter event. I understand all activities and events of H. Malvern Marks Chapter, Order of DeMolay, of the Jurisdiction of Texas, including any activities or events at the State, Local or Jurisdictional Level, or by International Supreme Council, Order of DeMolay, WITH THE FOLLOWING EXCEPTIONS: (State on the below, if None, write None)

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2. In the event of injury or illness to the above-named minor, I, the undersigned Parent or Guardian hereby authorize any Advisor of H. Malvern Marks Chapter in attendance to secure, and any physician in attendance to provide, such emergency medical treatment as shall be deemed necessary by those present, including but not limited to hospitalization, injections, anesthesia, surgery, x-ray, blood and medications. I understand every reasonable effort shall be made to contact me prior to medical treatment.

3. The above-named minor is subject to the following medical problems, and/or is receiving treatment under the supervision of proper medical authorities as follows: (State on the line below, if None, write NONE)

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4. Neither H. Malvern Marks Chapter, the Jurisdiction of Texas, nor DeMolay International maintains any medical insurance for its members. I will be responsible for any and all costs of medical treatment incurred by or on behalf of \_\_\_\_\_.

My family health insurance carrier and policy numbers are as follows:

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Primary Insurance Company Name	Policy Number(s)	Policy Holder's Name
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Secondary Insurance Company Name	Policy Number(s)	Policy Holder's Name
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5. I, the undersigned Parent or Legal Guardian, and the undersigned Youth (legal minor), do hereby agree that we will abide by the Statutes, Rules, Regulations and edicts of the International Supreme Council, Order of DeMolay, and its duly authorized representatives. We agree that, if in the opinion of any H. Malvern Marks Chapter Order of DeMolay Advisor, either of us shall be removed or asked to leave any DeMolay activity for violation of the same, that the undersigned Parent or Legal Guardian will immediately take the necessary action to cause the transportation of violator from the activity site at the expense of the undersigned Parent or Legal Guardian.

6. We hereby agree to release and hold harmless the International Supreme Council, Order of DeMolay, the Grand Master of DeMolay International, and its members together with the Executive Officer, Staff Members, and Advisors of Texas, Order of DeMolay, from any and all claims or cause of action which the undersigned has or may have. This specifically includes any and all plans which arise out of the attendance at a Local, State or Jurisdictional Texas DeMolay Event, including transportation to and from the event. IF I AM UNDER SUSPENSION OF MY MEMBERSHIP FOR ANY REASON, I UNDERSTAND THAT I MAY NOT ATTEND THE EVENT.

7. IN THE EVENT OF AN EMERGENCY, AND THE UNNDERSIGNED PARENT OR GUARDIAN CANNOT BE REACHED, THE UNNDERSIGNED PARENT OR GUARDIAN AUTHORIZES THE FOLLOWING PERSON TO ACT ON THEIR BEHALF:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

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8. Parent or Legal Guardian (Please provide the following information about yourself)

Your Full Name: \_\_\_\_\_

Street & Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

9. If youth's address is different from Parent or Legal Guardian, please state on lines below (if same, write SAME)

Your Full Name: \_\_\_\_\_

Street & Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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Signature of Parent or Legal Guardian

Signature of Youth (Legal Minor)