Weekend on the River
Masonic Youth Camp
1379 Masonic Home Camp Road NE
Townsend, Georgia
September 27th-29th, 2024

Registration Form

Name: ________________________ Chapter: ________________________

Address: ________________________ City/State/Zip: ________________________

Phone: ________________________

Amount Enclosed: $________________________

Chaperone: ________________________
[Minor Registrants only]

Circle Choice for Dinner on Saturday Night

Low Country Boil or Other

[If NOT circled you will get low country boil]

Advisor Approval: (required) ________________________ Title:________________________

NOTE: Advisor indicates by his signature that an advisor of his Chapter will attend Weekend on the River and will be responsible for the conduct of those registrants from his Chapter. ALL Registrants **MUST** have the approval of an advisor before they will be accepted. All minor females must have a chaperone (female & 25 years or older) in attendance.

Registration Fee is $65.00 per person. This includes: breakfast, lunch and dinner on Saturday, and breakfast on Sunday; barracks-style lodging for Friday and Saturday Nights and all sports activities. **A reduced registration fee of $55.00 person for those who camp.** No reduced fee will be given for participants who do not wish to obtain overnight lodging or who do not want meals. Advisors and adults will sleep in separate quarters adjacent to the young men in the barracks. **Advisors, Adults and chaperones** are to use this registration form as well. **DeMolays MUST have advisors in attendance. NO DeMolay may attend without an advisor in attendance.** Advisors must be at a minimum ratio of one advisor per 10 DeMolay.

Postmarked Registration Deadline is September 13th, 2024. ALL registrations postmarked after that date will be assessed a $10.00 late fee. Space is limited and will be assigned on a space available basis. Make Checks or Money Orders out to Cecil Cheves Chapter Order of DeMolay. PLEASE DO NOT SEND CASH! You may send a $30.00 deposit when registering. Balance is due upon your arrival. Complete this form and the attached medical release form, and have this form signed by a Chapter advisor. The registration forms with medical release forms may be sent together and by the postmark deadline date. Your forms may be completed and scanned and sent to the registrar at 1968ancient@gmail.com and then mail your registration fees to the registrar. All registration forms and fees should be sent to: **Hugh S. D'Anna, III**
Weekend on the River Registrar
7272 Shellman Bluff Road NE Unit 19
Shellman Bluff, Georgia 31331-4670

SPECIAL RULES: Absolutely NO firearms, hunting knives, or other devices which might be considered dangerous by the Weekend on the River staff will be allowed at this event. The possession and/or use of alcoholic beverages, drugs and/or any material considered illegal under city, state, and/or federal law is absolutely prohibited. Violators of these rules will result in forfeiture of all fees paid and the violator(s) will be removed from the Weekend on the River site.

I have read, understood and agree to abide by the above rules.

Signature (required) ________________________ Date:________________________

Medical Release/Consent Form

Please complete all that apply. Please type or print plainly.
Please attach a photocopy of the registrant's insurance card.

Registrant's Name: ______________________ Chapter/Assembly: ______________________

Address: ______________________ City/State/Zip: ______________________

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Date of Birth: ______________________

Name of Parent or Guardian: ______________________ Relationship: ______________________

Phone Number(s): (_____) ____________________; (_____) ____________________; (_____) ____________________

Insurance Company Covering Registrant: ______________________ Plan/Policy #: ______________________

Registrant's Physician: ______________________ Phone #: (_____) ____________________

Health History: The Event Staff should be aware that this participant has experienced health problems with the following:

Medication or food allergies: ______________________

☐ Registrant has no health problems.

☐ Appendicitis	☐ Diabetes	☐ Frequent Colds	☐ Respiratory Trouble	☐ Throat Infection
☐ Convulsions	☐ Epilepsy	☐ Heart Trouble	☐ Rheumatic Fever	☐ Other (specify below)
☐ Cramps in Water	☐ Fainting	☐ Hernia	☐ Sinus Trouble	________________

Please note any medications the registrant is currently taking:

Medication Name: ______________________ Dosage: ____________________ Taken For: ______________________

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*** * * * * * * Parent/Guardian Consent * * * * * * ***

In the event of injury or illness to my son, daughter, or ward, I hereby authorize and direct DeMolay advisor(s) supervising the activity in which the above named youth is participating, to secure medical treatment, including, but not limited to, hospitalization, injections, anesthesia, and surgery for my son, daughter, or ward; thereby authorizing a supervising DeMolay advisor to sign and consent thereto as fully as I could were I personally present. I acknowledge that I will be responsible for payment of all charges related to the medical services provided. As parent or guardian of the registrant, I further agree to indemnify and hold harmless the Associated DeMolay Chapters of Georgia (aka Georgia DeMolay), and any adult advisors and/or volunteers who have agreed to supervise the activity for which my son, daughter, or ward is registering, from any damages recovered or recoverable by my son, daughter, or ward. Furthermore, I agree that, upon notification from an authorized adult DeMolay advisor or other volunteer assisting with the event at which my son, daughter, or ward is a participant, to remove my son, daughter, or ward, if, in the opinion of the supervising adults, it is deemed necessary and appropriate that he/she be removed from the activity site. I also agree on behalf of my son, daughter, or ward that, if it is deemed necessary by DeMolay advisors supervising the activity, his/her room may be entered and an inventory of his/her personal effects performed by no fewer than two DeMolay advisors. I assign and grant to the Associated DeMolay Chapters of Georgia (aka Georgia DeMolay) the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me and/or my son, daughter, or ward, and I hereby release the Associated DeMolay Chapters of Georgia (aka Georgia DeMolay) 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 photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Associated DeMolay Chapters of Georgia (aka Georgia DeMolay) and I specifically waive any right to any compensation I and/or my son, daughter, or ward may have for any of the foregoing. By allowing registrant to attend the event, I fully understand the above and agree to abide by its terms.

______________________________ Signature of Parent/Guardian

______________________ Date

Please attach a photocopy of the registrant's medical insurance card.