



Garden State Leadership Training Conference

2022 Registration Packet

August 29, 2022- September 2, 2022

Welcome

Congratulations! You have been invited to attend the 2022 DeMolay Garden State Leadership Training Conference (GSLTC). In our fourteenth year, our annual conference will take place at YMCA Camp Mason located in scenic Hardwick, New Jersey. Our conference will start on Monday, August 29, 2022 and run through Friday, September 2, 2022. This is an opportunity you will not want to miss!

We have assembled some of the best and brightest minds that DeMolay has to offer in the greater northeast area. DeMolays who attend this conference will learn the skills necessary to run their home chapters and to become leaders of character. We will be offering a cornucopia of essential topics such as event planning, critical thinking, public speaking, leadership techniques, interpersonal communication skills, and too many more to list. We have all the fun and brotherhood you can handle, utilizing the summertime amenities (outdoor swimming pool, boating, climbing wall, basketball court and nature trails) that YMCA Camp Mason has to offer!

Program Information

DATES: August 29th to September 2nd 2022

LOCATION: YMCA Camp Mason, 23 Birch Ridge Road, Hardwick, NJ 07825

COST: Early Bird Fee - **\$100** due with your application if submitted by **July 15, 2022**.
Standard Fee - **\$200** due with your application and submitted no later than **August 1, 2022**.

Late registrations postmarked after **August 1, 2022** will require a fee of **\$250** and will be accepted only at the discretion of the Program Director of GSLTC.

Fee for all Out-Of-State Attendees - **\$300** due with your application and submitted no later than **August 1, 2022**.

Checks must be made payable to "New Jersey DeMolay Leadership Conference." Registrants will not be allowed to attend GSLTC unless all fees are paid by the start of the program. Refunds will only be granted before August 1, 2022. No refunds will be given if an attendee fails to attend the entire conference.

REMITTANCE: You may register by mail using the attached registration forms with the appropriate payment to:

**Mom Lisa Gonzalez
120 Marshall Concourse
Keyport, NJ 07735**

You will receive a registration confirmation packet by e-mail when your registration form is received by GSLTC. That confirmation will include arrival/departure times, directions to YMCA Camp Mason, a list of what to bring, and other program information. For any other questions, please contact **Dad Eric Gonzalez** at **(732) 995-2235** or **egonza7@gmail.com**.



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Registration Form

Name: _____ Age: _____ Date of Birth: _____

Mailing Address: _____ DeMolay's Phone: (____) _____

City: _____ State: _____ ZIP: _____ Parent's Phone: (____) _____

DeMolay's E-Mail Address: _____

Parent's E-Mail Address: _____

Shirt Size (*Please Circle One*): S M L XL XXL XXXL ____ Other

Home Chapter Name: _____ Jurisdiction: _____

DeMolay Membership ID: _____ Current Office: _____

Initiatory Degree Date: _____ DeMolay Degree Date: _____

Previously Attended DeMolay Leadership Conference (GSLTC, Key Man, Region I LTC): Yes No

Conference(s) and Year(s): _____

Number of LCC(s) Completed: _____ Representative DeMolay Award: Yes No

List Any Degree Parts Known (Master Inquisitor, Master Councilor, Fourth Preceptor, Lord Constable, etc.):

List Any DeMolay Awards or Honors Received:

List Three Interests That Are Not DeMolay:



Pre-Conference Survey

*Please rate your current knowledge of the specified areas on the following scale:
1 (None), 2 (Very Little), 3 (Some), 4 (Good), 5 (Mastered)*

- | | |
|---------------------------------|-------------------|
| 1. DeMolay History & Structure: | 1 - 2 - 3 - 4 - 5 |
| 2. Parliamentary Procedure: | 1 - 2 - 3 - 4 - 5 |
| 3. Event Planning: | 1 - 2 - 3 - 4 - 5 |
| 4. Fundraising: | 1 - 2 - 3 - 4 - 5 |
| 5. Budgeting | 1 - 2 - 3 - 4 - 5 |
| 6. Term Planning: | 1 - 2 - 3 - 4 - 5 |
| 7. Membership Recruitment | 1 - 2 - 3 - 4 - 5 |
| 8. Public Speaking: | 1 - 2 - 3 - 4 - 5 |
| 9. Communication: | 1 - 2 - 3 - 4 - 5 |
| 10. Leadership: | 1 - 2 - 3 - 4 - 5 |

Please list three DeMolay related skills you hope to learn more about:

Please list three non-DeMolay life skills that you would like to learn more about:

How do you hope to use the skills you learn at GSLTC in the future?



Authorization and Consents - Required Signatures:

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 Chapter Advisor

Signature of Chapter Chairman

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 Registrant for my/his participation in the 2022 DeMolay Garden State Leadership Training Conference. I hereby agree that I/my son will abide by the statutes, by-laws, rules, regulations and edicts of DeMolay International and its duly authorized representatives. I agree that, if in the opinion of the GSLTC Staff, I/my child should need to be removed or asked to leave GSLTC for any reason, that I will immediately take the necessary action to affect my/his removal from the site at my expense. I agree that I will be responsible for any damage or injury I/my son may cause beyond reasonable wear and tear. I hereby agree to release and hold harmless DeMolay International, its International Supreme Council, the Grand Master of DeMolay, and its members, officers and employees, together with the Executive Officers, GSLTC Staff Members, Advisors and other authorized representatives from and against any and all claims or causes of action which may arise or be connected to my/his attendance at GSLTC, including transportation to and from the site.

Media Release: I understand and agree that photographs/videos may be taken at the event and consent to the use of these photographs/videos to promote the DeMolay program now or in the future.

Medical Consent: I hereby authorize any DeMolay Advisor at GSLTC 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 GSLTC Staff to contact me prior to medical treatment.

Signature of Registrant (All)

Signature of Parent/Guardian
(if Registrant under 18)



Emergency Contacts:

In case of emergency, please contact:

Primary - Name: _____ Cell Phone Number: (____) _____

Relationship to Participant: _____ Work/Home Phone: (____) _____

Alternate - Name: _____ Cell Phone Number: (____) _____

Relationship to Participant: _____ Work/Home Phone: (____) _____

Health Insurance:

DeMolay provides secondary health insurance only.

Please list your medical insurance below, *or indicate that you have no medical coverage:*

 Insurance Company Group No. (if applicable) Policy Number Subscriber's Name

REQUIRED: ATTACH A COPY OF THE FRONT AND BACK OF YOUR HEALTH INSURANCE CARD TO THIS APPLICATION.

Medications:

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 conference in appropriate labeled containers.

Name of Medication	Dosage	Frequency of Dose	Need Assistance Administering? (Yes/No)	Reason for Using



Medical Information:

This information will remain confidential, only to be shared with the GSLTC Program Director and appointed medical personnel as well as your assigned GSLTC Chapter Advisor/Assistant Chapter Advisor.

Medical History: Please list any and all diagnosed medical conditions (ie. Asthma, seizure disorder, diabetes, ADHD, Autism, etc.) as well as any surgeries or hospitalizations within the last year.

Explain the circumstances/treatment plan of any condition listed above:

Allergies: Please list any allergies (medication, food or environmental) and describe your typical allergic reaction if exposed to the allergen:

If you have an allergy, are you prescribed an epi-pen or other emergency medication?

Is there any further information you feel important for the GSLTC Staff to be aware of regarding any medical, mental health, or learning concerns?

YMCA Camp Ralph S Mason
Program Waiver

Group Name: Garden State Leadership Training Conference - NJ DeMolay

Participant Name: _____ Date of Program: 08/29/2022 - 09/02/2022

Parents' Names (if participant is under 18): _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Email (parent email if participant is under 18): _____

Emergency Contacts (in event parent is unavailable): _____

YMCA Camp Mason conducts its programs with the best interests of its participants in mind and has taken reasonable steps to provide appropriate equipment and well trained staff for these programs. However, these programs do have inherent risks and although safety procedures have been established to minimize these risks not all risks and hazards can be eliminated due to the nature of the activities offered.

Living in the natural environment can be unpredictable. Some of the possible risks include contact with wildlife, falling, cuts, burns, bruises, sprains, fractures, falling trees, falls during climbing, falling rocks during climbing, tipping over a canoe, falling into the water, drowning, near drowning, hypothermia, unpredictable weather conditions. All of these risks may result in injuries to the participant. I understand that Camp Mason's intent is not to frighten me but wants me to be fully informed of all the risks. I understand that the risks listed above are not complete and that there are other risks that exist.

The potential of contracting Lyme Disease increases in rural settings such as Camp Mason. We encourage all participants to check themselves regularly for ticks and to be educated on the signs and symptoms of Lyme Disease, which may occur days or months after an encounter with a tick.

My signature below indicates that I fully understand the nature of the program at YMCA Camp Mason and I freely wish to participate. I know of no legal, physical or health reason why myself and/or my child cannot fully participate in the program that I am registering for. I agree to assume responsibility for the inherent risks identified herein and to those risks that are not specifically identified. I understand that it is my responsibility to participate in a safe manner, doing my best to follow the safety instructions provided to me by the Camp Mason staff. I agree not to do anything that jeopardizes me or other members of my group. I (and my parents/guardians if I am a minor) assume and accept full responsibility for me and for injury, death and loss of personal property and expenses suffered by me as a result of those inherent risks and dangers identified herein, and those not specifically identified, as a result of my negligence or the negligence of others participating in the activity.

My signature authorizes the management and staff of YMCA Camp Mason to act for me according to their best judgment in the event of a medical emergency and/or routine medical care. By my signature I hereby waive, release and hold harmless the YMCA, its management, volunteers, agents, and staff from any and all

liability for any injuries, death or illness sustained and/or incurred while at Camp and /or while using any facilities of, or participating in any of the activities of YMCA Camp Mason. I grant permission for emergency medical treatment and/or routine medical care by the YMCA camp staff, a rescue squad, private physician and/or hospital or emergency health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in the best interest of my child and will be reported to me as soon as possible. My signature waives and/or releases YMCA Camp Mason from any and all liability and/or financial responsibility for any medical expenses incurred. I understand that YMCA Camp Mason does not carry or maintain health, medical or disability insurance coverage for any Participant. Each Participant is required to obtain their own medical or health insurance coverage.

In consideration of having myself or my minor child or ward participate in the Outdoor Center program to be offered by YMCA Camp Mason, I agree to waive and release all future claims, demands or causes of action which the undersigned and/or such participant might have by reason of any loss, damage, expenses, injury or death arising out of or in any way connected with such person's participation in such program. I further agree to indemnify and hold harmless YMCA Camp Mason, their agents, officers, directors, employees and volunteers from and against any such claim, demands or causes of action.

By signing below, I acknowledge that it is understood that YMCA Camp Mason is a non-profit corporation, organized exclusively for charitable and educational purposes, and as such, is immune from liability to its beneficiaries for the negligence of its agents, servants or employees under N.J.S.A. 2A:53A-7.

I give YMCA Camp Mason permission to use any photographs taken of myself and/or my child while participating in programs at Camp Mason.

Signature: _____ Date: _____

Parent/Guardian/Participant

If the participant is under 18 I am signing as the parent/guardian to reflect my understanding and acceptance of the risks involved in attending programs at YMCA Camp Mason.

YMCA Camp Ralph S. Mason
23 Birch Ridge Road
Hardwick, NJ 07825
(908) 362-8217
www.campmason.org