



Garden State Leadership Training Conference

2023 Registration Packet

August 28, 2023- September 1, 2023

Welcome

Congratulations! You have been invited to attend the 2023 DeMolay Garden State Leadership Training Conference. In our fifteenth year, our annual conference will take place at YMCA Camp Mason located in scenic Hardwick, New Jersey. Our conference will start on Monday, August 28, 2023 and run through Friday, September 1, 2023. 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 to serve on our staff. DeMolays who attend this conference will learn the skills necessary to run their home chapters and to become leaders of character in their communities. We will be offering a variety of essential topics such as event planning, critical thinking, public speaking, leadership techniques, interpersonal communication skills, and too many more to list. Attendees can expect A TON of fun and brotherhood enjoying our beautiful facility, including some incredible adventures curated by Camp Mason's professional staff!

Program Information

DATES: August 28th to September 1nd 2023

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, 2023**. Standard Fee - **\$200** due with your application and submitted no later than **August 1, 2023**.

Late registrations postmarked after **August 1, 2023**, 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, 2023**.

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, 2023. No refunds will be given if an attendee fails to attend the entire conference.

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

Mom Katie Flannery
11 Burnham Place
Flanders, NJ 07836

Upon receipt of your form, a confirmation will be sent via email. That confirmation will include a link to the YMCA e-waiver, arrival/departure times, directions to YMCA Camp Mason, a packing list, and other program information. For any other questions, please contact **Dad Ryan Vander Horn** at **(862) 258-5965** or **rvanderhorn33@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

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:



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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?



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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 2023 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 effect 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)



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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 appropriately labeled containers.

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



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Medical Information:

This information will remain confidential, only to be shared with the GSLTC Program Director, appointed medical personnel, and 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 is important for the GSLTC Staff to be aware of regarding any medical, mental health, or learning concerns?