

# All-Star 2020

## **Registration Procedures:**

All participants must register on the appropriate form **before** the registration deadline.

## **General:**

All youth attendees must be a member or candidate of DeMolay

All youth (under 21) must fill out a Medical Release Form and have signed by an adult guardian

Checks should be from local Chapter and payable to Iowa DeMolay

## **Registration Due by October 1st, 2020**

**Send typed or printed registration, complete payment, and medical release form to:**

James Cox

1427 34th St SE

Cedar Rapids, IA 52403

***Registration may be submitted via email if payment & medical form is sent by October 1st, 2020 deadline***

[11jcox@gmail.com](mailto:11jcox@gmail.com)

*Please contact Brad Reichardt with any late registrations*

## **Emergency Contact #'s**

Brad Reichardt      Executive Officer

Cell: (515) 669-2032

[reichardt.brad@gmail.com](mailto:reichardt.brad@gmail.com)

James Cox            Event Director

Cell: (319) 540-2635

[11jcox@gmail.com](mailto:11jcox@gmail.com)

## All-Star 2020 October 17, 2020

			DeMolay - Iowa Masonic Library and Museum
8:00 AM	8:30 AM	Registration	Rainbow - El Kahir Shrine
			DeMolay - Iowa Masonic Library and Museum
8:30 AM	9:30 AM	Ritual Comp	Rainbow - El Kahir Shrine
			DeMolay - Iowa Masonic Library and Museum
9:30 AM	10:00 AM	Education	Rainbow - El Kahir Shrine
			DeMolay - Iowa Masonic Library and Museum
10:00 AM	12:00 PM	Degrees	Rainbow - El Kahir Shrine
		Change & Travel to Bloomsbury Farm (20-30 min drive)	
12:00 PM	1:00 PM	Lunch	Bloomsbury Farm
1:00 PM	2:00 PM	Bloomsbury Farm Activities	Bloomsbury Farm
2:00 PM	4:30 PM	Travel to El Kahir Shrine	
4:30 PM	5:30 PM	Dinner and Ritual Awards	El Kahir Shrine
5:30 PM	6:30 PM	Iowa DeMolay Presents Master Magician & Entertainment Specialist Mark Yeager!	El Kahir Shrine
6:30 PM	7:30 PM	Safe Travels Home	
7:30 PM			

### **El Kahir Shrine**

905 Tower Terrace Rd, Hiawatha, IA 52233

### **Iowa Masonic Library and Museum**

813 First Ave SE, Cedar Rapids, IA 52402

### **Bloomsbury Farm**

3260 69th St, Atkins, IA 52206

Dad Cox (Event Director)  
Dad Williams (Altoona)  
Dad Podzimek (Cedar Rapids)

(319) 540-2635  
(515) 868-1803  
(319) 310-6883

All-Star 2020  
Iowa DeMolay  
October 17, 2020  
Cedar Rapids, IA

<b>Chapter/Assembly</b>		
<b>Advisor Name</b>		
<b>Advisor Phone</b>		
<b>Advisor Email</b>		

	First Name	Last Name	Age	Member	Candidate	Advisor	Guest	Event Cost	T-Shirt Size	Medical Release
	PLEASE PRINT	PLEASE PRINT	CHOOSE CLASS							YES/NO
1				M	C	A	G	\$40		
2				M	C	A	G	\$40		
3				M	C	A	G	\$40		
4				M	C	A	G	\$40		
5				M	C	A	G	\$40		
6				M	C	A	G	\$40		
7				M	C	A	G	\$40		
8				M	C	A	G	\$40		
9				M	C	A	G	\$40		
10				M	C	A	G	\$40		
11				M	C	A	G	\$40		
12				M	C	A	G	\$40		
13				M	C	A	G	\$40		
14				M	C	A	G	\$40		
15				M	C	A	G	\$40		
16				M	C	A	G	\$40		
17				M	C	A	G	\$40		
18				M	C	A	G	\$40		
19				M	C	A	G	\$40		
20				M	C	A	G	\$40		

Standard Registration due by October 1st, 2020  
 Make Checks Payable to "Iowa DeMolay"  
 Send money and medical release forms to James Cox 1427 34th St SE, Cedar Rapids, IA 52403  
 Registration forms may be emailed to 11jcox@gmail.com

**IOWA DEMOLAY  
MEDICAL HISTORY AND RELEASE FORM**  
**\*All-Star 2020\***

NAME OF PARTICIPANT: \_\_\_\_\_ CHAPTER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ PH: \_\_\_\_\_

**\* PARTICIPANT'S INDEMNIFICATION \***

**(REQUIRED BY ALL PARTICIPANTS)**

I hereby promise to conduct myself in a responsible manner and abide by the DeMolay rules and regulations; and to follow all of the rules and regulations of this DeMolay event. If I do not abide by this promise, I will be subject to being returned home immediately at my own expense. In consideration of the DeMolay Staff accepting this registration, I shall indemnify and hold IOWA DeMolay, The International Supreme Council of the Order of DeMolay, all Affiliated Organizations and the DeMolay Staff harmless from and against any and all penalties, losses, costs, damages, suits, judgements, claims, demands, expenses and liabilities of any kind or nature whatsoever, arising directly or indirectly out of or in connection with my attendance at this DeMolay event.

**PARTICIPANT'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_**

**\* HEALTH HISTORY \***

The DeMolay Staff should be aware that this participant has experienced health problems with the following

Appendicitis     Ear Trouble     Frequent Colds     Rheumatic Fever  
 Convulsions  
 Epileptic Seizures     Heart Trouble     Sinus Trouble     Cramps in Water     Fainting  
 Hernia     Throat Infection     Diabetes    Other \_\_\_\_\_

Name of Medical Insurance \_\_\_\_\_  
Company \_\_\_\_\_  
Medical Insurance Policy \_\_\_\_\_  
Number \_\_\_\_\_

Family Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_

**IN CASE OF EMERGENCY, CONTACT:**

Name: \_\_\_\_\_ Phone No: Day: AC \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_ Night: AC \_\_\_\_\_ - \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell: AC \_\_\_\_\_ - \_\_\_\_\_

**\* PARENTAL PERMISSION & MEDICAL RELEASE \***

**(Required For All Participants Under 21 Years of Age)**

As the Parent or Legal Guardian of the participant named above, I hereby give my permission for the DeMolay Staff to enter the above named participant into a hospital of their choosing. They may also obtain medical attention or treatment by a physician, if in their opinion, the above named participant needs medical attention or treatment. I also realize that DeMolay members attending this event may be engaged in indoor and outdoor activities and other physical activities related to this event.

To the best of my knowledge, there is no reason why the above named participant should not be allowed to participate in the DeMolay activities.

I also agree, upon notification from the DeMolay Staff, to pick up the above named participant, if, in the opinion of the DeMolay Staff, it is necessary that he/she be removed from the site of this DeMolay event. In addition, I agree on behalf of the above named participant, that he/her room may be entered if it is deemed necessary by the DeMolay Staff.

In consideration of the DeMolay Staff accepting this registration, I shall indemnify and hold IOWA DeMolay, The International Supreme Council of the Order of DeMolay, all Affiliated Organizations and the DeMolay Staff harmless from and against any and all penalties, losses, costs, damages, suits, judgements, claims, demands, expenses and liabilities of any kind or nature whatsoever, arising directly or indirectly out of or in connection with the above named participant's attendance at this DeMolay event.

PARENT or LEGAL GUARDIAN

(SIGNATURE) \_\_\_\_\_ DATE: \_\_\_\_\_

ADVISOR (SIGNATURE)

\_\_\_\_\_ DATE: \_\_\_\_\_