

Grand Masters Class 2023
Honoring Most Worshipful Brother Theodore (Ted) C. Wiley

	8:30 AM	10:00 AM	Registration	DeMolay Office
	9:00 AM	10:00 AM	Set up & Walk Through	AASR Auditorium
	10:00 AM	12:30 PM	Ceremonies	AASR Auditorium
	12:00 PM	1:00 PM	Lunch/ Membership Program Unveiling	AASR Banquet Room
Est.	1:30 PM	2:00 PM	Travel to Iron Side	
Est.	2:00 PM	4:00 PM	Ax Throwing @ Iron Side	
	Iron Side Ax Throwing: 2700 University Ave, West Des Moines, IA 50266			
	Des Moines Scottish Rite: 519 Park St, Des Moines, IA 50309			
	Dad Myers (Event Lead) 563-468-1171			
	Dad Freel (Altoona) 515-771-9687			
	Dad Cox (Cedar Rapids) 319-540-2635			

GMC 2023
08 April 2023

DeMolay Chapter	
Advisor Name	
Advisor Phone	
Advisor Email	

	First Name	Last Name	Age	Member	Candidate	Advisor	Guest	Event Cost	Medical Release Release
	PLEASE PRINT	PLEASE PRINT		CHOOSE CLASS					YES/NO
1				M	C	A	G	\$50	
2				M	C	A	G	\$50	
3				M	C	A	G	\$50	
4				M	C	A	G	\$50	
5				M	C	A	G	\$50	
6				M	C	A	G	\$50	
7				M	C	A	G	\$50	
9				M	C	A	G	\$50	
9				M	C	A	G	\$50	
10				M	C	A	G	\$50	
11				M	C	A	G	\$50	
12				M	C	A	G	\$50	
13				M	C	A	G	\$50	
14				M	C	A	G	\$50	
15				M	C	A	G	\$50	
16				M	C	A	G	\$50	
1				M	C	A	G	\$50	
2				M	C	A	G	\$50	
3				M	C	A	G	\$50	
4				M	C	A	G	\$50	
5				M	C	A	G	\$50	
6				M	C	A	G	\$50	

Standard Registration Must be Postmarked by 25 March 2023

Make Checks Payable to "Iowa DeMolay"

Send to: Iowa DeMolay 519 Park St, Des Moines, IA 50309

**IOWA DEMOLAY
MEDICAL HISTORY AND RELEASE FORM**

***GMC 2023* & Ironside Axe Throwing**

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 Family Physician: _____ Company
_____ Address: _____ Medical Insurance
Policy City: _____ State _____ Zip _____ Number _____
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: _____