Welcome to the Seventh Annual Texas DeMolay Leadership Academy!

The Woodlands, TX – August 22, 2026

3380 College Park Dr, The Woodlands, Texas, 77384

SUGGESTED REGISTRATION PROCEDURE:

1. **Mail all original forms to the Registrar. The Chapter should keep copies (electronic or physical) for their records as well. No individual registrations will be accepted. All attendees must register with their Chapter.**

2. **Make sure that each form is properly signed and that parents or guardians have signed where necessary. Housing Forms must be completed and submitted if the Chapter is attending and staying overnight on Friday and/or Saturday night(s). A hotel stay is NOT required for this event.**

3. **Complete online registration at:**
   https://www.texasdemolay.com/events/2026-texas-demolay-leadership-academy/

4. **Checks made payable to: "Texas DeMolay Activities"**

5. **No later than August 15, 2026, return all Medical Release Forms, Housing Forms (if applicable), and checks to:**

   Chance Chapman
   174 Hilldale Drive
   Nederland, TX 77627

   Cell: (409) 201-5340
   Email: texasdemolayregistrar@gmail.com

6. **Registration will begin at 8:30 am on August 22, 2026. The first session will begin at 9:00 am.**

— UNIVERSAL —
TDLA RELEASE AND CONSENT FORM

1. I, the undersigned Parent or Legal Guardian of _____, do hereby give my consent and permission for him, her, **OR** myself to participate in the **Texas DeMolay Leadership Academy**. I understand all activities and events of any duly chartered Chapter, Order of DeMolay, of the Jurisdiction of Texas, including any activities or events conducted at the state or jurisdictional level, or by the International Supreme Council, Order of DeMolay; WITH THE FOLLOWING EXCEPTIONS: (State on the line below, if NONE, write NONE.)

_____

2. In the event of injury or illness to the above-named, I, the undersigned Parent or Guardian, hereby authorize any adult DeMolay Advisor in attendance to secure, and any physician in attendance to provide, such emergency medical treatment as shall be deemed necessary by those present; including but not limited to hospitalization, injections, anesthesia, surgery, x-ray, blood, and medications. I understand that every reasonable effort shall be made to contact me before medical treatment.

3. The above-named is subject to the following medical problems, and/or is receiving treatment under the supervision of proper medical authorities as follows: (State on the line below if NONE state NONE):

_____

4. Neither DeMolay International nor the jurisdiction of Texas, Order of DeMolay, maintains any medical insurance for its members. I understand that I will be responsible for any and all costs of medical treatment incurred by or on behalf of _____. My family health insurance carrier and policy numbers are as follows:

Primary Insurance Company Name	Policy Number(s)	Policy Holder's Name
Secondary Insurance Company Name	Policy Number(s)	Policy Holder's Name

5. I, the undersigned Parent or Legal Guardian, AND/OR the undersigned Youth (legal minor), do hereby agree that we will abide by the Statutes, regulations, and edicts of the International Supreme Council, Order of DeMolay, and its duly authorized representatives. We agree that, if in the opinion of any DeMolay Advisor, either of us should be removed or asked to leave any DeMolay activity for violation of the same, the undersigned Parent or Legal Guardian will immediately take the necessary action to cause the transportation of violator from the activity site at the expense of the undersigned Parent or Legal Guardian. I furthermore authorize the release of photographs and videos for public use on platforms and publications to promote the activities of this event and the order thereof.

6. We hereby agree to release and hold harmless the International Supreme Council, Order of DeMolay, the Grand Master of DeMolay International, and its members together with the Executive Officer, staff members, and Advisors of Texas, Order of DeMolay, from any and all claims or cause of action which the undersigned has or may have including but not limited to the COVID-19 Pandemic. This specifically includes any and all plans that arise out of the attendance at **Texas DeMolay Leadership Academy**, including transportation to and from said event. IF I AM UNDER SUSPENSION OF MY MEMBERSHIP FOR ANY REASON, I UNDERSTAND I MAY NOT ATTEND THE EVENT.

7. IN THE EVENT OF AN EMERGENCY, AND THE UNDERSIGNED PARENT OR GUARDIAN CANNOT BE REACHED; THE UNDERSIGNED PARENT OR GUARDIAN HEREBY AUTHORIZES THE FOLLOWING PERSON TO ACT ON THEIR BEHALF:

Name: _____ Phone: _____

Address: _____ Relationship: _____

8. Parent or Legal Guardian. Please provide the following information about yourself:

Your Full Name: _____

Street & Mailing Address: _____

City/State/Zip: _____

Telephone: Home: _____ Cell: _____ Work: _____

Relationship to Youth: _____

9. If the youth's address is different from the Parent or Legal Guardian, please state on lines below (if same, write SAME.)

Your Full Name: _____

Street & Mailing Address: _____

City/State/Zip: _____

Signature of Adult Participant, Parent, OR Legal Guardian

Signature of Youth Participant *(If Applicable)*

TEXAS DEMOLAY LEADERSHIP ACADEMY (TDLA)
2026 ROOMING FORM

NOTE: THIS FORM MUST BE COMPLETED AND RETURNED WITH REGISTRATION PER THE DEADLINE:
Saturday, August 15, 2026.

I _____ (print name) the parent / guardian of

_____ (print active DeMolay's name) hereby consent to his rooming with the following active DeMolays during the 2026 TDLA.

(Print up to three names)

1. _____ (print name)

2. _____ (print name)

3. _____ (print name)

NOTE: NO ACTIVE DEMOLAY ATTENDING THE 2026 TDLA WILL BE PERMITTED TO ROOM WITH ANYONE NOT LISTED IN THIS FORM.

Adult signature: _____

Signed this _____ day of _____ 2026