

**CHUMASH LODGE 90**  
**ORDER OF THE ARROW**  
**Summer Ordeal 2015**  
**August 28-30, 2015**  
**Rancho Alegre**



**Please complete this form and return with your payment by August 24, 2015 to:**  
**Order of the Arrow**  
**c/o Los Padres Council, BSA**  
**4000 Modoc Road**  
**Santa Barbara, CA 93110**  
**Or register on-line at [www.lpcbsa.org](http://www.lpcbsa.org)**

**This is your final Ordeal opportunity for 2015. The next Ordeal is in May 2016 however you will need to requalify and be reelected to attend**

Join us at **Rancho Alegre** Friday evening. Registration is from 6 to 8 pm at the Dining Hall. **If you are an Ordeal member, and it has been 10 months since completing the ordeal, it is time to seal your membership by becoming Brotherhood.**

Name: \_\_\_\_\_ Unit: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Current OA Honors (circle one): **Candidate** **Ordeal** **Brotherhood** **Vigil**

**Payments:**

Summer Rancho Alegre Ordeal Weekend: (Fee includes all meals. Candidates for Ordeal and Brotherhood receive appropriate OA Sash and Orientation materials. Fee for Ordeal Candidates includes 2015 calendar year dues.)

_____	Ordeal Candidate	\$45.00	
_____	Brotherhood Candidate	\$43.00	
_____	Member	\$27.00	
_____	Member – Saturday Dinner only	\$15.00	\$ _____

**Late Fee: \$10.00** fee for forms not received at a Council Office or Rancho Alegre by close of business on Monday, August 24, 2015.

\$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**For Office Use Only:**

Date Received: \_\_\_\_\_

Medical Form Received: \_\_\_\_\_

Amt. Received: \$ \_\_\_\_\_

Parent Release Form: \_\_\_\_\_

Office Received: \_\_\_\_\_

OA Lodgemaster Updated: \_\_\_\_\_

Receipt No.: \_\_\_\_\_

**COMPLETE REVERSE SIDE – ATTACH CURRENT BSA MEDICAL FORM**

**This form must be completed and submitted by all participants, including those who register online. NO EXCEPTIONS!**

## Part B

### INFORMED CONSENT AND HOLD HARMLESS/RELEASE AGREEMENT

High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

I have carefully considered the risk involved and give consent for myself and/or my child to participate in these activities. I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

☐ Without restrictions.

☐ With special considerations or restrictions (list) \_\_\_\_\_

### TALENT RELEASE AGREEMENT

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/ film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/ film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

☐ Yes ☐ No

### ADULTS AUTHORIZED TO TAKE YOUTH TO AND FROM EVENTS:

You must designate at least one adult. Please include a telephone number.

1. Name \_\_\_\_\_ Telephone \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone \_\_\_\_\_

3. Name \_\_\_\_\_ Telephone \_\_\_\_\_

Adults NOT authorized to take youth to and from events:

1. Name \_\_\_\_\_

2. Name \_\_\_\_\_

3. Name \_\_\_\_\_

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

If I am participating at Philmont, Philmont Training Center, Northern Tier, or Florida Sea Base: I have also read and understand the risk advisories explained in Part D, *including height and weight requirements and restrictions*, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider.

Participant's name \_\_\_\_\_

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

(If participant is under the age of 18)

Second parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

(If required, for example, CA)

This Annual Health and Medical Record is valid for 12 calendar months.

Part B Full name: \_\_\_\_\_ DOB: \_\_\_\_\_