

ORDER OF THE
ARROW—
CHUMASH LODGE 90

The Bear Claw

MARCH 2018

Upcoming Events

- Upcoming Spring Ordeal is May 18-20 at Rancho Alegre
- Summer Ordeal is August 24-26 at Rancho Alegre
- Scout-O-Rama at Earl Warren Showgrounds (Santa Barbara) on June 16
- Major OA Service Days to Aid Camp Restoration on June 22-24, July 13-15, and July 20-22
- National Order of the Arrow Conference (NOAC is July 30—August 4 at Indiana University
- Section Conclave is September 21-23 at Camp Three Falls



Elangomats needed for the Ordeal. Contact Ordeal Mater Austin Werland at werland@mail.com



Dues Patch & Membership Cards

Enclosed with this mailing people who have paid their dues for 2018 will receive



their annual dues patch as well as the membership card for the current year. Thanks to all who made their payments timely. We still have a few patches left. If you pay your dues prior to April 15th (and we still have a supply) you will get one of these stunning Patches.

There are three ways you can pay your dues. The best way is to log on to the Council's website at www.lpcbsa.org. Midway down the homepage there is a link that will take you to a webpage where you can pay your \$15 annual dues. A second way is to mail your check for \$15 to the Order of the Arrow, Chumash Lodge 90, 4000 Modoc Road, Santa Barbara, CA 93110. Please enclose a



filled out copy of the registration form that is also available as a download on the Council website. The third way is to walk into any of the Council's three Service Centers during normal business hours and pay over the counter. You will need the registration form as well for this method. Please be sure to save your receipt.

OA Fundraiser for Rancho Alegre

This limited edition lapel pin will go on sale during April for \$10 each as a fundraiser for the rebuilding of Rancho Alegre. Your \$10 donation is tax deductible. Help the Lodge and help the camp with your donation for a pin showing our Lodge Totem and the OA Emblem which can be worn on your uniform or a suit coat.



LODGE OFFICERS:

Lodge Chief.....Joey Kamlet
Lodge Vice ChiefJace Meyer
Lodge Secretary.....Andrew Murach
Lodge Treasurer.....Peter Conti
Medicine Man.....Aaron Morse



The Legend

Chumash Lodge 90 has planned a total of 5 weekend service projects from May thru July. The two Ordeals and three service weekends. Come help make the new Rancho Alegre a reality.!



The challenge of an Ordeal service project.

Chiefly Speaking

Hello Brothers,

It has been 9 months since we had the Whittier Fire destroy our camp, but that did not stop our momentum. We received JTE Bronze for the work we were able to accomplish last year, and we ran two Ordeals to help induct new Brothers who lost the opportunity in August. As we continue on., we have several opportunities in store for you.

First, our Spring Ordeal is coming up on May 18 - 20. We are lucky enough that we'll be able to hold the Ordeal at Rancho Alegre, making us one of the first groups to return to the main camp. Along with the service at the ordeal, we will be running three extra service weekends (June 22 - 24, July 13 - 15, July 20 - 22). Our main project will be rebuilding the Natural Gardens, for which we have received a Service Grant from National to complete.

Outside our Lodge, we also have a few events you may be interested in. Our council is having the Annual Scout-a-rama at Earl Warren Showgrounds (Santa Barbara) on June 16, and we will need help in representing the OA. This year we have NOAC 2018, July 30 - August 4 at Indiana University. NOAC is an amazing event that only happens every few years, and we still have a few slots. If you are interested in going, please contact me. Also, we have Section Conclave September 21 - 23 at Camp Three Falls. The National Chief will be there and it is going to be a fun event.

This year will need a lot of help, and so if any of your Troopmates or friends have yet to pay their dues, please remind them to do so. It is only \$15 and is available on the lodge/council website. I'm looking forward towards the service to come.

Yours in Brotherhood,
Joey Kamlet
Lodge Chief
joey.kamlet@sectionw4n.org

ELECTIONS

By now all chapters should be finalizing Unit Elections. Remember our first Camporee is less than two weeks away. We need the forms to be submitted to Wayne Rascati at least 5 days before your Camporee. Also, the deadline for Adult Nomination paperwork must be in his hands (NOT just in the mail) by 6 pm on Monday, April 2nd. Adult nominations MUST be approved by a committee appointed by the Supreme Chief of the Fire. Call-out of proposed members occurs at the Camporee Campfires. Brothers should be present in full uniform with OA sash for this event.



CHUMASH LODGE 90
ORDER OF THE ARROW
Spring Ordeal 2018
May 18-20, 2018
Rancho Alegre

*Please complete this form and return with your payment by **May 15, 2018** 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

This is your first of two Ordeal opportunities for 2018.
The next Ordeal is August 24-26, 2018 at Rancho Alegre.

Join us at **Rancho Alegre** Friday evening. Registration is from 6:30 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:

Spring 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 2018 calendar year dues.)

_____	Ordeal Candidate	\$50.00	
_____	Brotherhood Candidate	\$48.00	
_____	Work Detail (9 am - 3 pm Sat. only)	No charge	
_____	Member	\$30.00	
_____	Member – Saturday Dinner only	\$15.00	\$ _____

Late Fee: \$10.00 fee for forms not received at a Council Office (4000 Modoc Road, Santa Barbara 93110) by close of business on Monday, May 15, 2018. \$ _____

TOTAL **\$** _____

For Office Use Only:

Receipt No.: _____

Date Received: _____

Medical Form Received: _____

Amt. Received: \$ _____

Parent Release Form: _____

Office Received: _____

OA Lodgemaster Updated: _____

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

COMPLETE REVERSE SIDE – ATTACH CURRENT BSA MEDICAL FORM

ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

FORMULARIO DE CONSENTIMIENTO Y APROBACIÓN DE ACTIVIDAD POR PARTE DE LOS PADRES DE FAMILIA O TUTORES

The recommended use of this form is for the consent and approval for Cub Scouts, Boy Scouts, Varsity Scouts, Venturers, and guests to participate in a trip, expedition, or activity. It is required for use with flying plans.

El uso recomendado de este formulario es para obtener el consentimiento y aprobación para Cub Scouts, Boy Scouts, Varsity Scouts, Venturers, e invitados para participar en un viaje, expedición o actividad. Es obligatorio para su uso con planes de vuelo.

First name of participant Nombre del participante	Middle initial Inicial del segundo nombre	Last name Apellido
Birth date (month/day/year) Fecha de nacimiento (mes/día/año)	/	Age during activity Edad al momento de realizar la actividad
Address Domicilio		
City Ciudad	State Estado	Zip Código postal
Has approval to participate in (name of activity, orientation flight, outing trip, etc.) Tiene la aprobación para participar en (nombre de la actividad, vuelo de orientación, excursión, etc.)		
From _____ to _____ Da (Date) (fecha) a (Date) (fecha)		

INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge 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.

With appreciation of the dangers and risks associated with programs and activities including preparations for and transportation to and from the activity, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

NOTE: The Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. List any restrictions imposed on a child participant in connection with programs or activities below and counsel your child to comply with those restrictions.

List participant restrictions, if any: _____
 None

CONSENTIMIENTO INFORMADO, CONVENIO DE EXONERACIÓN Y AUTORIZACIÓN

Entiendo que la participación en actividades Scouting implica el riesgo de lesiones personales, incluyendo la muerte, debido a los retos físicos, mentales y emocionales en las actividades que se ofrecen. Se puede obtener información sobre dichas actividades en la sede, con los coordinadores de la actividad o el concilio local. También entiendo que la participación en estas actividades es totalmente voluntaria y requiere que los participantes sigan instrucciones y acaten todas las reglas y normas de conducta pertinentes.

En caso de que mi hijo se vea involucrado en una emergencia, entiendo que se realizarán esfuerzos para contactarme. En caso de que yo no pueda ser localizado, por este medio otorgo permiso al proveedor de servicios médicos para garantizar el tratamiento adecuado, incluyendo hospitalización, anestesia, cirugía o inyecciones de medicamentos para mi hijo. Los proveedores de servicios médicos están autorizados a revelar información médica protegida al adulto a cargo, médico o proveedor de servicios médicos involucrado en la prestación de atención médica para el participante. La información de salud protegida/información médica confidencial (PHI/CHI, por sus siglas en inglés) bajo los Estándares de privacidad de información médica individualmente identificable, 45 C.F.R. §§ 160.103, 164.501, etc., y siguientes, como se enmiendan de vez en cuando, incluyen resultados de reconocimientos médicos, resultados de pruebas y el tratamiento proporcionado para fines de evaluación médica del participante, seguimiento y comunicación con los padres o tutor legal del participante, o determinación de la capacidad del participante para continuar en las actividades del programa.

Con reconocimiento de los peligros y riesgos asociados con los programas y actividades incluyendo preparativos y transportación hacia y desde la actividad, en mi propio nombre o en nombre de mi hijo, por este conducto eximo total y completamente, y renuncio a cualquiera y toda reclamación por lesiones personales, muerte o pérdidas que puedan surgir, a la organización Boy Scouts of America, el concilio local, los coordinadores de la actividad y todos los empleados, voluntarios, grupos involucrados, u otras organizaciones asociadas con cualquier programa o actividad.

NOTA: La organización Boy Scouts of America y los concilios locales no pueden vigilar continuamente el cumplimiento de los participantes del programa o cualquier limitación impuesta sobre ellos por los padres o proveedores de servicios médicos. Enumerar más abajo las restricciones impuestas a un niño participante en relación con los programas o actividades.

Restricciones del participante, si existen: _____
 Ninguna

Participant's signature Firma del participante	Date Fecha
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Parent/guardian printed name Nombre con letra de molde del padre de familia/tutor	Parent/guardian signature Firma del padre de familia/tutor
	Date Fecha

Area code and telephone number (best contact and emergency contact) Código de área y número telefónico (primer contacto y contacto de emergencia)	Email (for use in sharing more details about the trip or activity) Correo electrónico (para informar más detalles sobre el viaje o actividad)
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Contact the adult leader with any questions:
Póngase en contacto con el líder adulto si es que tiene preguntas:

Name Nombre	Phone Teléfono	Email Correo electrónico
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