Tsisqan Lodge 2008 Ordeal Registration Form

Congratulations on your election into the Order of the Arrow, *Scouting's National Honor Society*. You now have a journey ahead of you that is full of mystery, intrigue, and growth along Scouting's path. You will have three (3) opportunities to participate in an Ordeal at some point in the next year. If you are unable to do your ordeal during these three (3) weekends, you will have to be re-elected to the Order.

Please promptly and carefully fill in the registration form below as neatly and accurately as possible. ***This information will be updated annually.*** Once you have filled out this form, please return it to the OTC Service Center to let us know when you will be joining us for your Ordeal Weekend. Replying quickly helps us better plan for food amounts and other activities that will be going on.

	Fill in your information	**Notes**
Title	☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr. ☐ Prof. ☐ Rev. ☐ Hon.	*Check only one if applicable.*
Formal First Name		*For certificates and recognitions.*
Nickname		*The first name you use day-to-day.*
Middle Name/Initial		--
Last Name		--
Suffix		--
Mailing Address		*For newsletters, notices, and special mailings. Please include "ZIP + 4" if known. (ZIP code: #####-####)*
BSA Person ID	**REQUIRED:**	*Found on your BSA membership card.*
Email		*One email to send OA messages.*
Gender	☐ Male ☐ Female	*Please check only one.*
Date of Birth		*Used only for official Lodge business.*
Registered Unit	☐ Troop ☐ Team #_____	*Please check only one & include unit #.*
OTC District Name	☐ Applegate ☐ Benton ☐ Cascade ☐ Doug Fir ☐ Evergreen ☐ Wacoma ☐ Yaquina ☐ Council Scouter	*Please check only one.*
Phone	( ) Home / Work / Mobile	*Please include area code and type.*

Questions? support@tsisqan.org.

2008 Registration and Fees

Please register for your Ordeal no later than one week before the event. You may register by delivering **this form with signed medical form and fee** to the OTC Service Center (address below) or by calling the OTC Service Center at 1 (800) 801-4430 and bringing **this form, medical form, and fee** to the event. Your $30 fee includes your OA sash, handbook, pocket flap patch, pocket device, dues for the year, and food for the weekend. Please make checks payable to ***Oregon Trail Council, BSA***. Additional items may be purchased at the Lodge Trading Post after your Ordeal. Plan on arriving to camp on Friday night between 7:00 p.m. and 8:00 p.m.

I will attend (please check one): ☐ Baker Ordeal • June 20 – 22 ☐ Melakwa Ordeal • July 18 – 20 ☐ Baker Ordeal • October 17 – 19

My $30 fee (please check one): ☐ is enclosed with this form ☐ will be brought to my Ordeal Weekend

Health Information and Medical Authorization

Please complete the Class I Personal Health and Medical History found on form No. 34414A and return it with this registration form.

Be Prepared!

When you attend your Ordeal, please bring your normal camping pack with sleeping bag and waterproof ground cloth. Wear your uniform, but also bring a set of working clothes with gloves, swimsuit, and towel. Flashlight and bug repellent are a good idea, too!

I certify that the information entered above is accurate and complete, that I am registered in the Oregon Trail Council of the Boy Scouts of America, and that I intend to become a member of Tsisqan Lodge 253 serving Oregon Trail Council 697.

Please return this form to:
Tsisqan Lodge Ordeal Registration
c/o Oregon Trail Council
2525 Martin Luther King Jr Blvd
Eugene OR 97401-5806

Your Signature _____ *Today's Date* _____

(Office Use Only) Paid On:

TSISQAN LODGE DATA PRIVACY POLICY. The information that Tsisqan Lodge collects about you will be used only in the performance of official Lodge business. Information is collected only with your consent. You have the right to access your personal data to make sure it is timely, accurate, and complete. We practice safe and sensible electronic data access controls and procedures using secured hardware and software.

PERSONAL HEALTH AND MEDICAL RECORD

CLASS 1 AND CLASS 2

Height _____ Weight _____ Eye color _____ Hair color _____

NAME

TROOP

CAMPSITE

CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY

(To be filled out annually by all participants)

To be filled out by parent, guardian, or adult participant. Please print in ink.

IDENTIFICATION

Name_____ Date of birth_____ Age_____ Sex_____

Name of parent or guardian_____ Telephone_____

Home address_____ City_____ State_____ Zip_____

Business address _____ City_____ State_____ Zip_____

If person named above is not available in the event of an emergency, notify

Name_____ Relationship_____ Telephone_____

Name_____ Relationship_____ Telephone_____

Name of personal physician _____ Telephone_____

Personal health/accident insurance carrier _____ Policy No._____

Check all items that apply, **past or present,** to your health history. Explain any "Yes" answers.

ALLERGIES: Food, medicines, insects, plants Yes ☐ No ☐ Explain:_____

GENERAL INFORMATION:	Yes	No		Yes	No		Yes	No
ADHD (Attention-Deficit Hyperactivity Disorder)	☐	☐	Convulsions/seizures	☐	☐	Hemophilia	☐	☐
Asthma	☐	☐	Diabetes	☐	☐	High blood pressure	☐	☐
Cancer/leukemia	☐	☐	Heart trouble	☐	☐	Kidney disease	☐	☐

Explain: _____

Please list ALL medications taken in the 30 days **prior** to arrival at the Scouting activity where this form is to be used: _____

_____

List any **medications to be taken at camp,** including drug, dosage, route (oral, injection, etc.), and frequency: _____

_____

_____

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: _____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.:_____

Immunizations: (Give date of last inoculation.)

Tetanus toxoid _____	Measles _____	Polio_____
OR DPT _____	OR MMR _____	_____
Hepatitis A _____	Varicella _____	OR Chicken pox _____
Hepatitis B _____		

I give permission for full participation in BSA programs, subject to limitations noted herein.

In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

Date_____ Signature of parent/guardian or adult _____

Date updated_____ Signature of parent/guardian or adult _____

Date updated_____ Signature of parent/guardian or adult _____

Some hospitals require the parent/guardian signature to be notarized. Check with your BSA local council.