

**QUINIPISSA LODGE 479, ORDER OF THE ARROW
 ISTROUMA AREA COUNCIL, BOY SCOUTS OF AMERICA
 9644 BROOKLINE AVENUE, POST OFFICE BOX 66676, BATON ROUGE, LA 70896-6676**



TO: Order of the Arrow Members
RE: Spring Ordeal, May 2-4, 2008; Avondale Scout Reservation, Clinton, Louisiana

This is your reminder to attend the Spring Ordeal at Camp Avondale, which will feature Ordeal and Brotherhood ceremonies, as well as many much needed service projects that will benefit our camp. We expect to have many candidates. Registration will be between 5:30 and 7:00 pm, Friday, May 2, 2008, at the Scoutmaster's Lounge. Please arrive by 6:30 pm if possible. Member registration fee is \$15.00 for all meals.

Arrive in full uniform, but bring your work clothes for Saturday. Friday supper will not be served, so eat before arrival or bring your food. Only a cracker barrel will be available Friday night. Please stay for the Sunday activities, including the General Lodge meeting. We are expecting all new members to stay, so it is your duty as a current member to set the example. Sunday activities will conclude by 11:00 am. This checklist may help your planning for the weekend:

- | | |
|---|---------------------------------|
| 1. Complete Scout Uniform (wear) including OA Sash | 8. Sleeping Bag |
| 2. Work Clothes and Gloves | 9. Rain Gear and Flashlight |
| 3. Sack Dinner for Friday | 10. Tent and Ground Goth |
| 4. Registration Fee (\$15, plus any late fees, if applicable) | 11. Money for Trading Post |
| 5. Water Bottle | 12. OA Handbook/Officer's Guide |
| 6. Toiletries and Towels | 13. Regalia and Materials |
| 7. Medical Form (enclosed) | |

Please mail or return this reservation form, registration fee (\$15.00), and medical form to the above address as soon as possible but preferably not later than 5:00 PM Monday April 28, 2008. Any registration form received after 5:00 PM Monday April 28, 2008, will be assessed a \$5.00 late charge until Thursday, May 1, 2008. **Any registration form, received after Thursday, May 1, 2008, must be turned in at the door and will be assessed a \$10.00 late charge.**

If you choose to fax this form to the Scout Office Center (225/926-7552), credit card information needs to be included on the form or you must call in to confirm receipt of registration and provide a credit card number the same day as you fax the form. Please do not call the Scout Center unless you are calling in with credit card information.

DON'T FORGET THAT THE ORDEAL WILL HAVE A TRADING POST FOR ALL YOUR ORDER OF THE ARROW SOUVENIRS!!!!

ORDER OF THE ARROW SPRING ORDEAL - MEMBERS

May 2-4, 2008 - Camp Avondale

NAME _____	TROOP NUMBER _____
STREET ADDRESS _____	DISTRICT _____
CITY _____	SEX _____ Male _____ Female
STATE, ZIP _____	DATE OF BIRTH _____
EMAIL ADDRESS _____	

ORDEAL FEE	\$ <u>15.00</u>	For meals and cracker barrels, partial payments are not accepted; you cannot pay for individual meals if you are only coming for the part of the weekend.
LATE FEE	\$ _____	\$5 (after 5:00 PM, 04/28) OR \$10 at the door
LODGE DUES	\$ _____	Dues are \$8 per year and are payable by <i>November 1st</i> for 2008 Please pay early. Current registration in both the lodge and a BSA unit are required to attend. Check the mailing label on the envelope to check your registration.
TOTAL	\$ _____	

Please tell us about your food allergies here: _____

PLEASE REMEMBER TO BRING GLOVES, WORK CLOTHES (INCLUDING LONG PANTS), AND SHOES YOU DON'T CARE ABOUT.

CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY

To be filled out by parent, guardian, or adult participant. Please print in ink. All participants must complete the "Consent and Medical Release" portion. Participants 40 and over MUST also attach a current Class 3 Personal Health and Medical History Form.

Name _____ Date of birth _____ Sex _____

Name of parent(s) or guardian(s) _____ Telephone _____

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. _____

ALLERGIES (Food, medicines, insects, plants): NO / YES Explain: _____

GENERAL INFORMATION

Circle all items that apply, past or present, to your health history. Explain any circled items.

- ADHD* Hemophilia Convulsions/seizures Kidney disease Heart trouble
Asthma Diabetes High blood pressure Cancer/leukemia

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: _____

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; Do Not Write "Up to Date")

- Tetanus toxoid _____ Measles _____ Polio _____ Diphtheria _____
Mumps _____ Pertussis _____ Hep B _____ Rubella _____

WAIVER OF CLAIMS

In consideration of the benefits to be derived from participation in the activities of the Order of the Arrow, any and all claims against the Boy Scouts of America, the officers, employees, agents, or other representatives of any of them, or any other persons working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage, or other loss or harm to/or incurred or suffered by the participant named above or to his or her property, in connection with or incidental to the activity, including preliminary training and travel, are hereby expressly waived by the applicant and the applicant's family or guardians.

CONSENT AND MEDICAL RELEASE

I give permission for full participation in the OA program, subject to limitations noted herein. I hereby approve and agree to all the terms, conditions, and waiver of claims of this form and certify to its correctness. Further, I agree that this BSA youth member (if an adult, that I meet(s) the health and physical fitness requirements of the trip or activity.

In the event of illness or injury, I understand every effort will be made to contact me (if an adult, my spouse or next of kin). In the event I cannot be reached after reasonable efforts have been made, I hereby give my permission to the physician 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 an adult).

PARTICIPANT'S SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

* Attention-Deficit Hyperactivity Disorder