



Check # \_\_\_\_\_
Amount \$ \_\_\_\_\_
Receipt # \_\_\_\_\_
Office Use: Acct # 1-6801-922-20

Mail to: BSA Order of the Arrow • 8901 W Franklin Rd. • Boise ID 83709

Please pre-register & pre-pay by Wednesday June 4, 2008

MEMBER - ORDEAL REGISTRATION

(Please Print)

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Troop or Unit \_\_\_\_\_ District \_\_\_\_\_ Email Address \_\_\_\_\_

I have already completed my Ordeal Weekend and will be attending as a member. Cost: \$20.00 \_\_\_\_\_

I will be attending the Spring Ordeal and going through the Brotherhood Ceremony. Cost: \$35.00 \_\_\_\_\_

HEALTH HISTORY AND AUTHORIZATION

Health/Accident Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Has or subject to (check if yes):

- Asthma, Fainting Spells, Convulsions, Allergy to any medication, food, plant, animal, or insects, Diabetes, Heart trouble, Bleeding disorders, Any disorder that may require special care or diet, Check here if none of the above apply

Has difficulty with (check if yes)

- Eyes, ears, nose, or throat, Digestion, Bed-wetting, Lungs, Sleepwalking, Are there any condition currently requiring medication? YES NO Name(s) of medication

If there are any restrictions of activities for medical reasons, please explain:

Immunizations (Indicate date of last inoculation)

- Tetanus toxoid, Polio, Mumps, Pertussis, Diphtheria, Measles, Rubella

Parental Authorization (if a minor)

This health history is current and correct as far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me above. In the event I cannot be reached in an emergency; I hereby give my permission to any physician selected by the adult leader in charge, to hospitalize, provide proper emergency medical treatment, anesthesia, or to order injection for my son.

I also understand that in the process of the event, photographic or electronic images may be taken by Order of the Arrow officials for the sole purpose of promotion. I grant the Order of the Arrow permission to use my image in non-commercial means. My son has permission to attend this BSA, Order of the Arrow event. I have attached the completed the medical form, reviewed the code of conduct and understand that it is my responsibility to arrange transportation to and from the event and to insure that the driver has filed a tour permit.

Date \_\_\_\_\_ (Signature of Parent/Guardian)

Home Telephone Number \_\_\_\_\_ Business Telephone Number \_\_\_\_\_

Signature of Scout \_\_\_\_\_

This Medical History and Authorization must be completed, signed and returned with registration and payment. Under BSA policy, no scout will be allowed to participate without one.

Credit Card Authorization

Check for payment is enclosed, or please charge my Credit Card VISA MasterCard Am. Express

Name on Credit Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_