



**Order of the Arrow Ta Tsu Hwa Lodge 138  
2009 Event Registration Form**

**VIGIL WEEKEND**

**March 28-29, 2009**

**GARLAND SCOUT RESERVATION**

*(Vigil Members & Vigil Candidates Only)*

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VIGIL CANDIDATE——NO FEE (MUST FILL OUT MEDICAL FORM)

VIGIL MEMBER (Saturday: Lunch & Dinner and Sunday: Breakfast)

Early Bird \$15.00 (if paid prior to March 14, 2009 @5pm)

Event Fee \$25.00 (March 15, 2009 thru March 21, 2009)

Late Fee \$35.00 (after March 21, 2009)

The Trading Post will be open! So bring extra money to buy new items and to build up your trading stock.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Chapter: \_\_\_\_\_ Unit: \_\_\_\_\_ If under age 21, Adult OA member at

this event who is responsible for you: \_\_\_\_\_

Make checks payable to: INDIAN NATIONS COUNCIL, BOY SCOUTS OF AMERICA

Event Code 6015



## PERSONAL HEALTH and MEDICAL RECORD

This form is to be filled out by either a parent, guardian, or adult participant. Please print in ink.

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Name of parent or guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Unit \_\_\_\_\_ E-mail address \_\_\_\_\_

Ordeal date \_\_\_\_/\_\_\_\_/\_\_\_\_ Brotherhood date \_\_\_\_/\_\_\_\_/\_\_\_\_ Vigil date \_\_\_\_/\_\_\_\_/\_\_\_\_

**If parent or guardian named above is not available in the event of an emergency, please notify:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name of personal physician \_\_\_\_\_ Phone \_\_\_\_\_

Personal Health/Accident insurance carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

List Medications to be taken and directions for use: \_\_\_\_\_

Limitations, either physical or behavioral: \_\_\_\_\_

Allergies: \_\_\_\_\_

Date of last Tetanus Shot \_\_\_\_\_

I give permission for full participation in BSA programs, subject to limitations above. **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 medications for my child (or for me, if participant is an adult).

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of parent/guardian or adult \_\_\_\_\_