



Order of the Arrow Ta Tsu Hwa Lodge 138



2012 Event Registration Form

Spring Ordeal April 13-15, 2012 Hale Scout Reservation

This Event is over at 10 AM Sunday, April 15th, 10am.

CANDIDATE : Includes Meals, Ordeal Sash, Flap, Dues, and OA Handbook
Candidates are to arrive in complete Class A uniform. Will need a sleeping bag, ground cloth, and work clothes only on Friday night. Regular camping gear needed on Saturday night. (NOTE: Work clothes and shoes/boots are required and may be subject to getting paint, oil, etc. on them or torn - WEAR OLD CLOTHES FOR WORKING!)

- Early Bird Fee \$35.00 (if paid by March 31, 2012)
- Event Fee \$45.00 (paid April 1, 2012 thru April 7, 2012)
- Late Fee \$55.00 (paid after April 7, 2012)

MEMBER : Meals only Class A and bring work clothes and tools to perform Service Projects
___ Yes, I would like to be an Elangomat
___ Yes, I would like to be a Clan Advisor

- Early Bird Fee \$15.00 (if paid by March 31, 2012)
- Event Fee \$25.00 (paid April 1, 2012 thru April 7, 2012)
- Late Fee \$35.00 (paid after April 7, 2012)

BROTHERHOOD CANDIDATES: Meals, Brotherhood Sash & Flap
Please read the attachment for the requirements for Brotherhood.

- Early Bird Fee \$30.00 (if paid by March 31, 2012)
- Event Fee \$40.00 (paid April 1, 2012 thru April 7, 2012)
- Late Fee \$50.00 (paid after April 7, 2012)
- \$20.00 Brotherhood Ceremony only fee where you do not eat, just be there Saturday at 12:30 for the ceremony, The Brotherhood Flap is not included.

YOU MUST FILL OUT THE BSA MEDICAL PARTS A & B

BSA ID _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Chapter: _____ Unit: _____

If under age 21, What Adult OA member at this event will be responsible for you:

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

Event Code 6009



INDIAN NATIONS COUNCIL
BOY SCOUTS OF AMERICA

ATTENTION ORDEAL MEMBERS TA TSU HWA LLODGE #138

If at least 10 months have passed since you became a member of the Order of the Arrow, and you are registered with the Boy Scouts of America and our Lodge, you are eligible for Brotherhood membership. Although as an Ordeal member you are a full member of the OA, Brotherhood teaches you many things and seals your membership in the Order of the Arrow. To become a Brotherhood member, you must attend an Ordeal weekend or the Fall Fellowship and Brotherhood Weekend. On Saturday morning you **may** attend an orientation class that teaches you a great deal about the Order of the Arrow and Ta Tsu Hwa Lodge. The Ordeal ceremony will be explained along with the Obligation, Song, Admonition, handclasp, and sign of the Ordeal. Saturday afternoon you will complete a Brotherhood hike, concluding in the Brotherhood ceremony that night before the Ordeal ceremony on Ordeal weekends. At the Fall Fellowship and Brotherhood Weekend there is not an Ordeal ceremony – the only ceremony will be the Brotherhood ceremony.

The official challenges of the Brotherhood are as follows:

Memorize the signs of Ordeal membership – the Obligation, official Song, Admonition, the sign of the Ordeal, and the Order of the Arrow handclasp. The obligation and song can be found in your official OA Handbook and membership card. The other three items are not in the OA Handbook, but an experienced Arrowman should be able to help you. The best place to get the information is at your Chapter Meetings each month. There your Chapter Chief and others will be able to help you. Do not worry if you have not fully memorized these items before the event where you will be going for your Brotherhood. You will be able to practice them at the event and during your instruction period that morning.

Advance in your understanding of the Ordeal. Gain a thorough understanding of the Ordeal through which you have passed. This will be covered in the instruction period and you will have an opportunity to attend a Pre-Ordeal ceremony on Friday night at Ordeal weekends.

Continue to serve your Unit. Retain your registration in Scouting. During the ten-month period strive to fulfill your Obligation by serving your Unit.

Plan for service in your Lodge. Retain your registration in the Order of the Arrow and your Lodge by keeping your dues paid. Be aware that acceptance of Brotherhood involves a pledge of service to the Lodge. Develop a concrete idea of how you intend to fulfill this pledge.

Review your progress. When you earnestly feel you have met the four challenges above, write a letter to the Lodge Secretary informing him of your desire to seal your membership in the OA by becoming a Brotherhood member. In this letter explain what you think the Obligation means. Describe how you have fulfilled your Obligation to your Unit, your daily life, and how you have used your understanding of the Ordeal to aid in this service. Describe your specific plans for giving service to the Lodge program. You may take your letter personally to the event or you may send it to: Ta Tsu Hwa Lodge Secretary, c/o Indian Nations Council, 4295 S. Garnett Rd. Tulsa, OK 74146.

To register for an event return the registration form to the Indian Nations Council Scout Service Center, 4295 S. Garnett Rd. Tulsa, OK 74146 by mail or in person. You can find out more about the Brotherhood and the Order of the Arrow by reading your official OA Handbook. If you have questions, feel free to contact your Chapter Chief, Chapter Adviser, Lodge Officers, Lodge Adviser (all names and phone numbers can be found in the **“Red Bird”**, the official Lodge newsletter mailed to all registered members, or any experienced Arrowman. Please note that the complete 10 months must have passed before the time of your ceremony. For example, if you went through the Ordeal in September of 2010, you may become a Brotherhood member after July 2011, or if you went through the Ordeal in April 2011, you may become a Brotherhood member after February 2012. If you meet the requirements for Brotherhood, we urge you to think back on why you first accepted membership into the Order of the Arrow and now make the commitment to seal your membership and pledge yourself to a life of cheerful service to your fellow man.

Annual BSA Health and Medical Record

Part A

GENERAL INFORMATION

High-adventure base participants:

Expedition/crew No.: _____
 or staff position: _____

Name _____ Date of birth _____ Age _____ Male Female
 Address _____ Grade completed (youth only) _____
 City _____ State _____ Zip _____ Phone No. _____
 Unit leader _____ Council name/No. _____ Unit No. _____
 Social Security No. (optional; may be required by medical facilities for treatment) _____ Religious preference _____
 Health/accident insurance company _____ Policy No. _____

ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD. IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."

In case of emergency, notify:

Name _____ Relationship _____
 Address _____
 Home phone _____ Business phone _____ Cell phone _____
 Alternate contact _____ Alternate's phone _____

HEALTH HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma Last attack: _____	
		Diabetes Last HbA1c: _____	
		Hypertension (high blood pressure)	
		Heart disease (e.g., CHF, CAD, MI)	
		Stroke/TIA	
		Lung/respiratory disease	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Behavioral disorders (e.g., ADD, ADHD, Asperger syndrome, autism)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures Last seizure: _____	
		Sleep disorders (e.g., sleep apnea) Use CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Abdominal/digestive problems	
		Surgery	
		Serious injury	
		Other	

Allergies or Reaction to:

Medication _____
 Food, Plants, or Insect Bites _____

Immunizations:

The following are recommended by the BSA. **Tetanus immunization is required and must have been received within the last 10 years.** If had disease, put "D" and the year. If immunized, check the box and the year received.

Yes	No	Date
<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria _____
<input type="checkbox"/>	<input type="checkbox"/>	Measles _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Rubella _____
<input type="checkbox"/>	<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____
<input type="checkbox"/>	<input type="checkbox"/>	Influenza _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., HIB) _____

Exemption to immunizations claimed (form required).

(For more information about immunizations, as well as the immunization exemption form, see Scouting Safely on Scouting.org.)

MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____
Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____

Administration of the above medications is approved by (if required by your state): _____ / _____
 Parent/guardian signature and/or MD/DO, NP, or PA signature

Be sure to bring medications in sufficient quantities and the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

Emergency contact No.:

Allergies:

DOB:

Full name:

Part B

INFORMED CONSENT AND HOLD HARMLESS/RELEASE AGREEMENT

High-adventure base participants:

Expedition/crew No.: _____
or staff position: _____

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, 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.

I have carefully considered the risk involved and give consent for myself and/or my child to participate in these activities. I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

Without restrictions.

With special considerations or restrictions (list) _____

TALENT RELEASE AGREEMENT

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

Yes No

ADULTS AUTHORIZED TO TAKE YOUTH TO AND FROM EVENTS:

You must designate at least one adult. Please include a telephone number.

1. Name _____ Telephone _____

2. Name _____ Telephone _____

3. Name _____ Telephone _____

Adults NOT authorized to take youth to and from events:

1. Name _____

2. Name _____

3. Name _____

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

If I am participating at Philmont, Philmont Training Center, Northern Tier, or Florida Sea Base: I have also read and understand the risk advisories explained in Part D, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider.

Participant's name _____

Participant's signature _____ Date _____

Parent/guardian's signature _____ Date _____

(if participant is under the age of 18)

This Annual Health and Medical Record is valid for 12 calendar months.

Part B Full name: _____ **DOB:** _____