

2010 Ordeal Registration

Account# 1-6801-682-20

Please PRINT legibly. Fill out all information, including health portion. One form per person.

Location <i>Mark only one ordeal weekend date</i>	Weekend Date	
<input type="checkbox"/> Sid Richardson	April 30 - May 2	Add \$10 late fee after April 23
<input type="checkbox"/> Camp Tahuaya	May 21 - 23	Add \$10 late fee after May 14
<input type="checkbox"/> Worth Ranch	August 27 - 29	Add \$10 late fee after August 20
<input type="checkbox"/> Sid Richardson	September 24 - 26	Add \$10 late fee after September 17

Mark the appropriate fee.

- New Member (Ordeal Candidates) \$40
- Brotherhood (Weekend fee, sash and food)..... \$15
- Brotherhood and Elangomat (must attend training and be present ALL weekend)..... FREE
- Elangomat (must attend training and be present ALL weekend) FREE
- Members (weekend fee)..... \$15

Dues must be current to take advantage of the free opportunities

First _____ Last _____ Jr/Sr ____ BSA ID# _____

Address _____

City _____ State _____ ZIP _____

Phone _____ - _____ - _____ DOB ____/____/____

E-mail _____

Unit _____ District/ Chapter _____

Parent/Guardian _____ Emergency Phone _____

Other Contact _____ Phone _____

Personal Physician _____ Phone _____

Insurance Carrier _____ Policy # _____

List any medications to be taken at camp, allergies, health conditions, dietary needs, special medical equipment, etc. _____

Immunizations (list last inoculation.)

Tetanus _____ Measles _____ Polio _____ Pertussis _____

Mumps _____ Diphtheria _____ Rubella _____

I give permission for full participation in BSA programs, subject to limitations noted herein. **In case of emergency**, I understand that every effort will be made to contact me (if participant is and adult, my spouse or next of kin). In the event that 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 to medication for my child (or me, if participant is an adult).

Date _____ Signature of parent/guardian or adult _____

Friday Registration: 7:00-8:30pm Sunday pick-up: 9:30am Questions? E-Mail Brock@smith-green.net Make checks payable to "Longhorn Council" Account# 1-6801-682-20	Mail to: Longhorn Council, BSA OA - Ordeal Registration P.O. Box 54190 Hurst, TX 76054-0190 Keep a photocopy of this form and bring to ordeal registration.
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