

2010 SECTION W-1S CONCLAVE REGISTRATION AND HEALTH FORM

You can also register on-line at WWW.SECTIONW1S.ORG



I. PERSONAL AND MEMBERSHIP INFORMATION	PLEASE PRINT CLEARLY!
NAME: _____	PHONE: (____) _____
ADDRESS: _____	DATE OF BIRTH: ____/____/____
CITY: _____	STATE: _____ ZIP: _____
LODGE: <input type="checkbox"/> Lo La' Qam Geela (Crater Lake Council) <input type="checkbox"/> Tsisqan Lodge (Oregon Trail Council) <input type="checkbox"/> Wauna La-Mon'tay Lodge (Cascade Pacific Council) <input type="checkbox"/> Out of Section Lodge: _____	UNIT (Type and Number) _____ OA Honor <input type="checkbox"/> Ordeal <input type="checkbox"/> Brotherhood <input type="checkbox"/> Vigil <input type="checkbox"/> I am not an OA Member
CHAPTER/DISTRICT: _____	
ORDEAL DATE (mm/yyyy): _____	CURRENT OA POSITION (if any): _____

II. MEDICAL AUTHORIZATION AND SPECIAL NEEDS FORM	PLEASE FILL OUT COMPLETELY!
IN CASE OF AN EMERGENCY NOTIFY: Name: _____ Home Phone: (____) _____ Other Phone: (____) _____	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Other
Health Insurance Company: _____	
Policy Number: _____	Date of Last Tetanus/Toxoid Immunization: _____
DO YOU HAVE, OR HAVE A HISTORY OF, ANY OF THE FOLLOWING CONDITIONS? (CHECK IF YES)	
<input type="checkbox"/> Require Special Care/Disability Facility <input type="checkbox"/> Allergies <input type="checkbox"/> Use a Sleeping Device that Requires Power (such as CPAP)	
Please explain any of the above (including food allergies): _____	
Please list any medications you will be bringing, and/or are taking: _____	
Please list any medical condition(s) we should be aware of, including recent serious illness, injury or mobility: _____	

REMEMBER TO BRING A COPY OF YOUR CURRENT BSA HEALTH AND MEDICAL RECORD WITH YOU!

<input type="checkbox"/> As a driver, I will complete valid Boy Scout Trip Permit prior to transporting youth to or from Conclave.	Parent or guardian authorization: This health history is correct so far as I know, and the person herein described has my permission to engage in all prescribed activities, except as noted by me. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leader in charge to provide proper treatment, hospitalize, secure proper anesthesia, or to order injection for my son/myself. <p align="center"><i>(Parent/Guardian signature required if under 18)</i></p>
Participant Acknowledgement: If I am under the age of 18, I understand that I will be expected to remain on-site for the entire weekend. I will only leave with a parent, guardian, or an adult designated by my parent or guardian to act in their behalf.	
Signature (Participant) _____	Signature (Parent/Guardian): _____

III. Conclave Registration Costs:	
<input type="checkbox"/> \$35 New Ordeal Members* (register anytime) <input type="checkbox"/> \$35 Early-bird Registration (registered by August 10th) <input type="checkbox"/> \$40 Regular Registration <input type="checkbox"/> \$45 On-Site Registration at Conclave	You can register now on-line at www.sectionw1s.org and pay with a credit/debit card, or you can pay with cash, check, or money order by filling out this form and sending it to the Oregon Trail Council office in Eugene listed below.

Please return this completed form BEFORE SEPTEMBER 1, 2010 with your \$35.00/\$40.00 check payable to BSA-OA to: **Section W-1S Conclave, Oregon Trail Council, 2525 Martin Luther King Jr. Blvd., Eugene, OR 97401**

FOR OFFICE USE ONLY: ACCT: 1-2371-067-00 Receipt # _____ AMOUNT Paid: \$ _____ Entered: _____