



GREATER YOSEMITE COUNCIL

4031 TECHNOLOGY DRIVE, MODESTO, CA

95356

Order of the Arrow

Brotherhood of Cheerful Service



TOLOMA LODGE Leadership Development

Be part of the Toloma Lodge's LLD

Lodge Leadership Development is a fun day of training and Fellowship for **ALL** Lodge Members – Youth & Adult.

Saturday, November 7, 2015, 8 AM till 3:00 PM at the Council Service Center.

This is our annual Training event.

The LLD is a must for all Lodge and Chapter Officers & Advisers.

The Training Event will start in the morning at 8:00 AM & adjourning at 3:30 PM.

Upon adjournment, we will then depart to attend the Lodge Recognition Dinner.

Come and be part of this great Lodge event!

The Lodge will provide Lunch to all those in attendance.

Please Pre-Registration so that the Lodge can better plan for this event!

Name: _____ Unit _____

Address: _____ City _____

E-Mail: _____ Phone _____

Date of Birth: _____ Honor: O B V BSA Rank: _____
Use MM/DD/YYYY Format Circle One or Adult Position

Minor Consent Form

Greater Yosemite Council, Boy Scouts of America, Authorization and Consent to Treat a Minor Pursuant to California Civil Code Section 24.8 & Section 12552

Name of Minor _____ Date of Birth _____

The undersigned does authorize the Greater Yosemite Council or registered adult leader in charge, as agent for the undersigned to consent to x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and be rendered under the general or special supervision of any physician or surgeon, dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is tendered at the office of said physician or dentist, at a hospital, Boy Scout Camp, or elsewhere. This authorization will remain effective while minor is in route to or from, or involved or participating, in any Boy Scout Camp, Boy Scout program or activity, including CAMPING, HIKING & SWIMMING, of the Greater Yosemite Council, Boy Scouts of America or unless revoked in writing by the undersigned or delivered to the aforesaid agent.

Date _____ PARENT OR GUARDIAN PRINT NAME PARENT OR GUARDIAN SIGNATURE

Primary Insurance Carrier: _____ Policy Number _____

In the event of an Emergency call: _____ NAME PHONE NUMBR