GREATER YOSEMITE COUNCIL 4031 TECHNOLOGY DRIVE, MODESTO CA 95356

STAFF REGISTRATION FORM

Order of the Arrow ☆ *Brotherhood of Cheerful Service*

TOLOMA LODGE presents

2014 KLONDIKE DERBY PINECREST

For Order of the Arrow members of all ages

February 14-15-16 3pm Friday ~ 4pm Sunday For Only $15

Games ~ Competitions ~ Fun

☆ BE PART OF A GREAT TOLOMA LODGE TRADITION ☆

Starting Friday night, Help Units set up their campsites. Conduct Patrol events.

Join the Fellowship & Service of the Order of the Arrow.

2014 KLONDIKE DERBY PINECREST

Please use one form per OA Staff member and send with payment to:

Greater Yosemite Council, 4031 Technology Dr, Modesto, CA 95356-9490

Friday Cracker Barrel through Sunday Lunch ☆ $15 Fee covers Camping, Staff Hat & Meals.

(Youth & Adults pay same registration fee)

Name _____ Age _____ Phone # _____

Street Address _____

City _____ State _____ Zip _____

Email _____ (circle one) **ORDEAL** **BROTHERHOOD** **VIGIL**

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