



TOLOMA LODGE

Order of the Arrow **ORDEAL CANDIDATE Registration Form** 6 EASY STEPS

2011 ~ Toloma Winter Ordeal ~ Camp McConnell

December 9 & 10, 2011

Check in time 6:00 pm - 8:00 pm Friday Check out after 8:00 pm Saturday

PAID, PRE-REGISTRATION IS REQUIRED, 3 days prior to Ordeal to avoid \$5 late fee

1 Winter Ordeal Weekend December 9 & 10, 2011

2 Name _____ Date of Birth _____ Phone # _____

Address _____ Cell # _____

City _____ Zip _____ BSA Rank _____ Unit _____

District _____ e-Mail _____

3 Your current Status is: **ORDEAL CANDIDATE**

4 What are you paying for at this time: **Ordeal Candidate** \$40.00

This includes your meals for the weekend, (**Note:** It does not include Friday night Dinner), an Ordeal Member's Sash, an OA handbook, a Lodge Pocket Flap, and paid dues through the end of the current year and the following year.

LATE FEE (If not Paid 3 days prior to event) \$5.00

Make Checks Payable to: Greater Yosemite Council or GYC BSA **Total Enclosed = _____**

5 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 _____ x PARENT OR GUARDIAN SIGNATURE _____

Primary Insurance Carrier: _____ Policy Number _____

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

6 Please use one form per Member. Send form and payment to:

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