

Amagamek Wipit Lodge #470 - Order of the Arrow
2004 Goshen Vigil Induction Weekend – August 14-15, 2004



REGISTRATION FORM - Vigil Members

NAME _____ Unit Type _____ Unit Number _____
(Last) (First) (Middle) (Troop/Post/etc)

ADDRESS _____ RANK _____ GENDER _____ Date of Birth _____
(Street) (Circle One) [Youth (<18)] or [Youth (>18 and <21)] or [Adult]

_____ CHAPTER _____
(City) (State) (ZIP)

Religious Preference _____ PHONE (Home) _____ (Work) _____ (Cell) _____

1. PARENTS AUTHORIZATION FO ALL SCOUTS/VENTURES UNDER 18 YEARS OF AGE:
THE ORDER OF THE ARROW LODGE REQUIRES THE FOLLOWING PARENTS AUTHORIZATION FOR ALL MEMBERS UNDER 18 YEARS OF AGE.

I, _____, parent/guardian of the above named, a minor, in the event of illness occurring to the above named individual during his participation in the Order of the Arrow, Goshen Service Weekend, during the period of August 14-15, 2004, do hereby consent in advance to whatever medical procedure or treatment considered necessary in the best judgement of the attending physician/medical personnel. I understand that, in the event of serious illness or injury which is not an emergency, reasonable efforts will be made to reach me.

_____ SIGNATURE OF PARENT OR GUARDIAN
Date _____

SIGNATURE & DATE BELOW IF 18 OR MORE YEARS OF AGE:

_____ SIGNATURE OF PARTICIPANT
Date _____

2. MEDICAL INFORMATION:

- A. Physical Limitations or dietary needs (List):
- B. Allergies–Medical & Food (List):
- C. Conditions which now require regular medication. Name of medications, frequency and amount of dosage (List):
- D. Medical Insurance Company and Policy Number:
- E. Please list any pervious medical conditions that might reoccur:

3. EMERGENCY NOTIFICATION INFORMATION: In event of a medical emergency, please notify:

NAME _____ RELATIONSHIP _____ PHONE _____
ADDRESS _____ CELL PHONE _____

Prescription Drugs and Instructions in Original Prescription containers to be turned in at Registration

OVER →

4. COST:

	Item	Cost
Activity Fee	<input type="checkbox"/> Vigil Induction Weekend (\$20) (Please email Larry Ruh ruh@cpcug.org for assignments) <i>Vigil Candidates has a different form</i>	\$ _____
Transportation	All Members helping with the Vigil Induction <u>must</u> Ride with Someone Who Is Not Participating In or Conducting the Vigil Induction. <input type="checkbox"/> I will drive myself <input type="checkbox"/> I will ride with: _____ <i>(Drivers need to be at least 18 years of age to transport scouts under the age of 18.)</i>	\$ 0.00
	Total Cost	\$ _____

DEADLINE FOR PAYMENT: **By August 11, 2004.** Please contact NCAC if there are questions.

Make Check PAYABLE TO: Boy Scouts of America
(Goshen Vigil Induction))

MAIL THIS FORM AND CHECK TO: Order of the Arrow
Boy Scouts of America
National Capital Area Council
9190 Rockville Pike
Bethesda, MD 20814-3897