

Mikanakawa Lodge 101

Ordeal Registration Card

Name _____

Last Name
First Name
Middle Name
Title (Jr., III, etc)

Address _____

City _____ State _____ Zip+4 _____

Home phone _____ Work phone _____
Adult members only

Birth Date _____ Cell Phone _____

E-mail address _____

Please post my e-mail address: on the Lodge's web site use it for lodge e-mails both neither

Occupation (adults only) _____
Var / Tr

District # _____ Unit # _____ Youth / Adult (circle one)
(Under 21)

Indicate 1st, 2nd, and 3rd choice from the available Ordeal dates below.

- | | | |
|-------|---------------------|-----------------|
| _____ | August 14-16, 2009 | Camp Constantin |
| _____ | October 16-18, 2009 | Camp Wisdom |
| _____ | December 4-6, 2009 | Camp Cherokee |
| _____ | March 6-8, 2009 | Camp Wisdom |
| _____ | May 1-3, 2009* | Camp CO/CH/JR |

* May 2009 Ordeal will be held at Camps Constantin, Cherokee, and James Ray. If you select this dates, you will not be able to pick the location.

Instead, you will be assigned to one of those camps and your registration paper-work and Ordeal materials will be at that camp. You MUST attend the camp to which you are assigned or you will be turned away.

OA Ordeal Registration E-Mail: ordealreg53@verizon.net

DO NOT LOSE THIS CARD!

All candidates MUST arrive in full Scout uniform and must be at their registered Ordeal no later than 9:00 pm Friday. No Exceptions. Check-in will start around 7:30 pm. The Ordeal will end Sunday morning around 10:00 am. Make arrangements to leave camp at this time. Permission for an earlier departure time must be obtained during the Friday night check-in. You must remain at the Ordeal until dismissal Sunday morning to receive your membership card and first lodge pocket flap.

Bring with you – In a backpack a full canteen, work clothes, work gloves, pocket knife, rain gear, sleeping bag, ground cloth (cannot share), tent (for Saturday night – can share), shower kit, towel, swim trunks, and weather appropriate clothing.

Do not bring – any form of food or candy, sheath knife or any electronic items.

The Lodge Trading Post will be open Saturday evening to provide an opportunity to purchase Order of the Arrow and Mikanakawa Lodge items. If you have a question concerning participation or registration, e-mail the Ordeal Registration Adviser at ordealreg53@verizon.net, or leave a voicemail at: 214-902-6715.

Mail completed registration cards to:

Circle Ten Council, 8605 Harry Hines Blvd, Dallas, Texas, 75235-3014

Make checks payable to: Order of the Arrow, BSA

Please Read – Important Information Below:

Congratulations: You have been selected as a candidate for the Brotherhood of Cheerful Service and your journey in the Order of the Arrow has just begun. To take your Ordeal and become a member in our Order, you must select a date from those shown on the front. Please indicate 1st, 2nd, and 3rd choice of the dates listed in the event some ordeals may already be full. Ordeal attendance is limited and fills quickly. You must register as early as possible to get the best chance at your preferred date. You will receive confirmation of acceptance or denial for the dates chosen by return mail post card if application is submitted by two weeks prior to the event.

This completed registration card, including the properly completed and signed Medical Release & Talent Release Form and the required fee, MUST be received at the Circle Ten Council office prior to acceptance of your registration. The full registration fee of **\$45.00** is due with the completed card if received at least two weeks prior to the requested and confirmed Ordeal date. Pre-registration is required. A limited number of candidates are accepted on a first come, first served basis for each Ordeal. A postcard will be sent to confirm or deny your registration, if sent more than two weeks prior to the requested ordeal. If you have not received an acceptance or rejection of your registration via mail at least 2 weeks prior to your selected Ordeal, please send an E-mail to ordealreg53@verizon.net or leave a voice mail message at 214-902-6715. If special permission is granted for registration within 2 weeks of the Ordeal date, the full **\$45.00** Ordeal Fee is payable and all paperwork and fees must be delivered **in person** to the Circle Ten Council Office prior to the Ordeal. No money or paperwork should be mailed or delivered to Circle Ten Council within 7 days of an ordeal. All Ordeals are staffed and managed by volunteers within the Lodge. Circle Ten Council personnel will not be able to answer any questions relating to Mikanakawa Lodge Ordeals.

We **DO NOT** accept walk-ups at any Ordeal. You must receive confirmation via postcard or phone call from the Ordeal Registration Adviser before attending an Ordeal. There is a **\$10.00** fee charged for failure to attend an Ordeal for which you are registered or transferring your registration to another Ordeal within 14 days prior to your scheduled date. **These charges are separate and cumulative.** There is no charge for transferring between ordeals if proper advanced notice is given. You must be registered with a unit of Circle Ten Council, Boy Scouts of America at both your date of election and the date of your ordeal. BSA registration status will be verified.

Make a copy of this card for your reference. If this card is lost, send your name, address, unit number, birth date, and **\$1.00** to the Mikanakawa Lodge Ordeal Registration Adviser, Circle Ten Council, for a replacement. Replacement will take 3 to 4 weeks.

Attendance and participation in Mikanakawa Lodge events and activities are reserved only for Mikanakawa Lodge members in good standing (including registered ordeal candidates) and invited guests of the Lodge. Invited guests must be approved by the Lodge Key Three at least 48 hours prior to the event. Non-Members, Parents and Leaders may not attend the event.

DO NOT LOSE THIS CARD!

Mikanakawa Lodge 101 – Medical Release Form

Member Name _____

Last Name
First Name
Middle Name
Title (Jr., III, etc>)

Medical Insurance _____

Policy Holder's Name
Name of Insurance Company
Policy or Certificate Number

EVERY CANDIDATE MUST ANSWER ALL FIVE QUESTIONS BELOW

1) Have or had difficulty with (check if yes):

- | | | | | | |
|--|--------------------------------------|--------------------------------------|---|--|---|
| <input type="checkbox"/> Asthma / Lungs | <input type="checkbox"/> Convulsions | <input type="checkbox"/> A.D.D. | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Digestion | <input type="checkbox"/> Eyes, ears, nose, throat |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Diabetes | <input type="checkbox"/> A.D.H.D. | <input type="checkbox"/> Bleeding Disorders | <input type="checkbox"/> Sleep Walking | |
| <input type="checkbox"/> None of the above applies | | <input type="checkbox"/> Other _____ | | | |

2) Any condition that may require special care, medication, or diet? Yes No If yes, explain on the back of this form.

3) Any condition now requiring medication? Yes No If yes, name of medication _____

4) Allergy to any medication, food, plant, animal or insect toxin? Yes No If yes, explain on the back of this form (lower half of page).

5) Any restriction of activity for medical reasons? Yes No If yes, explain on the back of this form (lower half of page).

Immunization – Date of Last Inoculations (Dates Required - Do NOT Write "Current") Adults need only provide date of last Tetanus shot

_____ Diphtheria	_____ Measles	_____ Polio	_____ Tetanus
_____ Mumps	_____ Rubella	_____ Pertussis	

* A parent or guardian will need to walk through Registration with the youth candidate.

Authorization for Medical Treatment – Candidate (and Parent if under 21) must sign below.

The health history provided on this form (both front and back) is correct so far as I know and the person herein described has permission to engage in all prescribed activities, except as noted on this form. In the event of an emergency (and I cannot be reached), I hereby give my permission to the physician, selected by the adult leader in charge, to treat, hospitalize, secure proper anesthesia, or to order injection for the person herein described.

TALENT RELEASE FORM

In consideration of my engagement as a model and the benefits made to me, receipt of which I acknowledge, I hereby assign and grant to the Boy Scouts of America, or its assignees, the right and permission to use and publish the photographs/film/video tapes/electronic representations and/or sound recordings made of me. I hereby release the Boy Scouts of America from any and all liability from such use and publication.

I hereby irrevocably authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/video tapes/electronic representations, and/or sound recordings without limitation at the discretion of the Boy Scouts of America and I specifically waive any right to any compensation I may have for any of the foregoing.

Candidate's Signature (Required) _____	Date _____	Signature of Parent or Guardian _____	Date _____
		(Required if Member is under 21 years of age)	

Emergency contact name _____ Relationship _____ Emergency phone _____ Form Date: _____

For Lodge Use Only

P.M. _____ Card _____
 Date _____ Conf # _____ Crew # _____ Ordeal _____ Seq # _____ Receipt _____ \$ _____ Date _____

Candidate # _____ LF / TR / NS \$ _____ Election Date: _____ Call Out Date: _____ Chapter / Camp Chief Signature _____

Comments: _____