

Ordeal Candidate Registration

Order of the Arrow - Migisi Opawgan Lodge 162

Print Legibly!

Adult Candidate: () 21 years old +
Adult candidates require Lodge Adviser approval to attend.

Name: _____

BSA Person ID #: _____

Address: _____

City: _____

Zip Code: _____

Phone: _____

Email: _____

Birth Date: _____

Troop #: _____

Select your OA Chapter/District:

- () Achowalogen – Motor City District
- () Lowanue Kuwe – North Trails/Northridge Districts
- () Mahican – Huron/Three Rivers Districts
- () Wapaneu – Michigami/Lakeshore Districts
- () Wsigau – Sunset District

Ordeal Induction Dates

(Please ck the event you will be attending)

- () D-A Ordeal Spring – April 23-25, 2010 \$45
- () CCB Ordeal Summer – June 4-6, 2010 \$45
- () D-A Ordeal Fall - September 17-19, 2010 \$45

NOTE: June and September Ordeal weekends are tent events. Candidates MUST bring a tent!

Event fee includes event food, housing, O-A sash, the O-A Handbook, Lodge flap and paid dues.

<p>OA Accounting</p> <p style="text-align: right;">Sellwise = 16204 \$45.00</p>

Emergency Information:

Person to contact if no one is home:
Name: _____

Relation: _____

Phone: _____

Special Health Comments:

(Medications, allergies, physical constraints, etc)

Insurance Information:

Company: _____

Member #: _____

In consideration of the benefits to be derived, and in view of the fact that the B.S.A. is an educational organization, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well-being of person attending during this activity or trip, I hereby agree to his participation and waive all claims against the leaders of this activity or trip and officers, agents, and representatives of the B.S.A. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by a designated representative of the Boy Scouts of America to authorize routine, emergency, or surgical treatment; hospitalization; proper anesthesia; and/or injections. The person herein described is in good health and physical condition has all required immunizations, and I assume the health responsibility for the individual.

I hereby assign and grant to the Migisi Opawgan Lodge the right and permission to use and publish photographs of me or my son as part as part of their communication effort. I understand they will not provide identifying information with any of the photos. I hereby release the Lodge and the Boy Scouts of America from any and all liability from such use and publication. I specifically waive any right to any compensation I may have for use of the images.

X _____
Signature of Parent/Guardian, if candidate under 18, or Adult signature if 18 years old or older

Print Name Legibly

Make checks payable to and send to:

“Great Lakes Council, BSA”
1776 West Warren Avenue.
Detroit, MI 48208

Please write Driver’s License number on your check!