



TOPA TOPA LODGE

Order of the Arrow
www.topatopa.org



2017 Lodge Leadership Development Registration Form

September 9th, 2017, 8:30AM-3:00PM

LLD will be held in the second floor of the Camarillo Scout Center

Lodge Leadership Development is the Training Day for the new Lodge and Chapter Officers, and all of those officers are required to attend.

Please mail form and money to: Ventura County Council-Order of the Arrow; 509 E Daily Drive; Camarillo, CA 93010

Fill out EVERY Field

Name: _____ BSA ID number (it's on your BSA ID card) _____

Phone: _____ E-mail: _____ Birthday: ___/___/_____

Age Group: Youth (11-17) ___ Youth/Adult (18-21) ___ Adult (21+) ___ Male/Female (circle one)

Ordeal / Brotherhood / Vigil (circle one) Chapter: _____

EVENT:

Lodge Leadership Development..... \$5.00 Subtotal: _____

LLD with a Gopher Pass..... FREE Subtotal: _____

(NOTICE: You must have your dues paid to participate in OA activities)

TOTAL: _____

Media Release: I release any and all video, audio or photographs of myself or my son for the use of the Boy Scouts of America in any advertisements or promotions of the Order of the Arrow.

Authorization and Consent for Treating a Minor **MUST** be filled out (MINOR WILL CARRY A COPY)
(Pursuant to California Family Code Section 6910)

The undersigned does hereby authorize the Ventura County Council-BSA, or such substitute as it may designate, as agent for the undersigned to consent to and x-ray, examination, anesthetic, medical or surgical diagnosis of treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the provision of medical practice or any dentist licensed under the dental practical act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, Scout Camp, or elsewhere. This authorization will remain in effect while the above minor is enroute to or from or participating in the above noted activity.

Signed: (parent/guardian) _____ on date: _____

In case of an emergency, please notify: Name: _____ Phone (____) _____

Physician: _____ Phone (____) _____

Company or Provider: _____ Policy Number: _____

For Lodge Secretary and Treasurer use only:

Date Received: _____ Receipt Number: _____ Date Entered: _____