



**TOPA TOPA LODGE**

# ORDER OF THE ARROW

## 2019 Spring Induction Candidate Form

Located at Camp Three Falls, Friday 7:00 PM - Saturday 8:00 PM

Please complete this form and bring to your Pre-Induction meeting. If you cannot attend the Pre-Ordeal meeting, please mail this form with fee to: Ventura County Council - Order of the Arrow, 509 E Daily Dr., Camarillo, CA 93010-5820

Print Name: \_\_\_\_\_

**BSA ID number** \_\_\_\_\_ Male \_\_\_ Female \_\_\_ **Birth Date:** \_\_\_/\_\_\_/\_\_\_\_\_ Unit # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Age Group: Youth (11-17) \_\_\_ Youth/Adult (18-21) \_\_\_ Adult (21+) \_\_\_

**E-mail:** \_\_\_\_\_ (← ← ← **IMPORTANT!**)

Induction - Candidate - May 17-18.....\$45

Total .....\$45

(Includes the candidate's 2019 dues)

**\*\*NO REFUNDS IF YOU DO NOT COME TO THE ORDEAL\*\***

I release any and all video, audio or photographs of myself or my son from this event 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 in-route to or from or participating in the above noted activity.

**IMPORTANT: A completed, and signed, BSA Annual Health and Medical Record form ( parts A and B) must be submitted with this registration form to attend the Ordeal; any youth candidate arriving at Camp Three Falls without a medical record having been previously received, or on-person, will be sent home.**

**BSA Annual Health and Medical Record, parts A and B attached**

**FOOD ALLERGIES? NO** \_\_\_ **YES** \_\_\_ , **TYPE OF FOOD:** \_\_\_\_\_.

Signed: (parent/guardian) \_\_\_\_\_ Date: \_\_\_\_\_

In case of an emergency, please notify: Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Physician: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Company or Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_