



TOPA TOPA LODGE

ORDER OF THE ARROW

2019 Fall Induction Candidate Form

Located at Camp Three Falls, Friday 7:00 PM - Sunday 8:30 AM

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 - Oct 4-6.....\$45.00.....Subtotal: \$ _____

TOTAL: \$ _____

Includes Candidates 2019 Dues

**** NO REFUNDS IF YOU DO NOT ATTEND 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: _____