



TOPA TOPA LODGE

ORDER OF THE ARROW

2019 Lodge Leadership Development Form

Saturday September 7, 2019 — 8:30 am

Located at Camarillo Scout Store (Second Floor)

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

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!**)

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

Lodge Leadership Development - Gopher Pass MemberFREE.....Subtotal: \$_____

Annual Dues (your 2019 dues must be current to participate) ...\$12.00.....Subtotal: \$_____

TOTAL: \$_____

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.

Signed: (parent/guardian) _____ Date: _____

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

Physician: _____ Phone (____) _____

Company or Provider: _____ Policy Number: _____