



# TOPA TOPA LODGE

Order of the Arrow  
www.topatopa.org



## 2019 Member Fall Ordeal Registration Form Located at Camp Three Falls, Friday 7:00 PM - Sunday 8:30AM

This form is for current OA members. Eat dinner before arriving, there will be no meals served on Friday night. Everyone needs to be out of camp by 9:00 am Sunday morning.

**Please mail form and \$\$ to: Ventura County Council - Order of the Arrow, 509 E Daily Drive, Camarillo, California 93010-5820**

Name: \_\_\_\_\_ Troop/Unit # \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ BSA ID # \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Youth (11-17) \_\_\_\_ Youth/Adult (18-21) \_\_\_\_ Adult (21+) \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Ordeal / Brotherhood / Vigil (circle one) Chapter: \_\_\_\_\_

Member ..... @ \$25.00 ..... : \$ \_\_\_\_\_

**Elangomat: You must serve as Elangomat at Ordeal ..... @ \$20.00.....: \$ \_\_\_\_\_**

**Ceremonies: You must serve on Ceremonies at Ordeal ..... @ \$20.00.....: \$ \_\_\_\_\_**

>>> I am attending \_\_\_\_ Oct. 4-6 <<<<<

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

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 en-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: \_\_\_\_\_

For Lodge Secretary and Treasurer use only:

Date Received: \_\_\_\_\_ Receipt Number: \_\_\_\_\_ Date Entered: \_\_\_\_\_



Revised 8/2016