Colonneh Lodge

Spring Fellowship

"Wild Wings and Shiny Things"

February 26-28, 2010
Camp Strake
www.colonneh.org

Spring Fellowship is Colonneh's premier Lodge service event. There will be several opportunities, activities, and celebrations to commemorate the centennial of Scouting in America. This year's Spring Fellowship will also include the first Ordeal of the year. Sign up now and prepare to camp with your Chapter for a weekend of non-stop fun, food, fellowship and celebration.

Check-in on Friday is from 7:00 pm to 10:00 pm and Check-out on Sunday is at 10:00 am.
For more information contact your Chapter Chief or Adviser or go to www.colonneh.org.

First Name ____________ Last Name ____________ Nickname ____________ DOB ________
Cell Phone ____________ Home Phone ____________ Gender ______ ❑ Youth ❑ Adult
Address ________________________ City ____________ Zip ________
E-mail ________________________________
District ____________ Unit Type ________ Unit # ________ BSA ID # ________

Parent/Guardian (if under 18) ________________________ Work Phone ____________
Cell Phone ____________ E-mail ________________________

❒ $25 ❒ $35 ❒ $15	Early Registration Fee (by February 21, 2010) includes food, patch and a great time! Spring Fellowship Fee (after February 22, 2010) includes food, patch and a great time! Saturday Entrance Fee includes patch and fun; no eating or sleeping in camp.
$_____	_____ # Extra **Patches** ($4 each) 10 max, $5 each at event, if available)
 $_____ $_____ $_____	**T-Shirt** orders must be submitted by February 12, 2010 _____ S _____ M _____ L _____ XL ($12 each) _____ XXL ($13 each) _____ XXXL ($14 each)
$_____	**Total**

Medical Form and Talent Release: All participants ***must submit*** a Health Form with Parts A & C completed. The new Annual Health and Medical Record can be found at: www.scouting.org/filestore/pdf/34605_Letter.pdf

❑ **Cash** (hand deliver to Cockrell Scout Center or onsite)
❑ **Check** (payable to SHAC; mail to OA Secretary, PO Box 924528, Houston, TX 77292-4528)
❑ **Credit**: ❑ Amex ❑ MC ❑ Visa ❑ Disc: Email (delores.mcgee@shac.org) or Fax (713-865-9150) Card Holder: ____________ *Note: Email is preferred method.* # ____________ Exp. Date ________ *Do not fax twice or send info more than one way.* Signature ____________ signature not required if emailed

For office use:
Acct: 1-2371-740-00
____Payment Processed
____Amount ____Date
____Medical ____LM

The medical form is provided below for your convenience.

Email instructions: For credit card registrations, you may email this form to Delores McGee. Save the form to your desktop before emailing. The credit card **does not** have to be signed if the form is emailed. The medical form **does** have to be signed. You may sign the medical form with an electronic signature; or email the form and sign the medical form onsite; or print, sign, scan, then email the form. **If you are under 18, then a parent must sign the medical form.**

Emergency contact No.: ________ Allergies: ________ DOB: ________ Last name: ________

Annual BSA Health and Medical Record

Part A

GENERAL INFORMATION

Name ________ Date of birth ________ Age ________ Male ☐ Female ☐

Address ________ Grade completed (youth only) ________

City ________ State ________ Zip ________ Phone No. ________

Unit leader ________ Council name/No. ________ Unit No. ________

Social Security No. (optional; may be required by medical facilities for treatment) ________ Religious preference ________

Health/accident insurance company ________ Policy No. ________

ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD (SEE PART C). IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."

In case of emergency, notify:

Name ________ Relationship ________

Address ________

Home phone ________ Business phone ________ Cell phone ________

Alternate contact ________ Alternate's phone ________

MEDICAL HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma	
		Diabetes	
		Hypertension (high blood pressure)	
		Heart disease (i.e., CHF, CAD, MI)	
		Stroke/TIA	
		COPD	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Learning disorders (i.e., ADHD, ADD)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures	
		Sleep disorders (i.e., sleep apnea)	
		GI problems (i.e., abdominal, digestive)	
		Surgery	
		Serious injury	
		Other	

Allergies or Reaction to:

Medication ________

Food, Plants, or Insect Bites ________

____

Immunizations:

The following are recommended by the BSA. Tetanus immunization must have been received within the last 10 years. If had disease, put "D" and the year. If immunized, check the box and the year received.

Yes	No	Date
☐	☐	Tetanus ________
☐	☐	Pertussis ________
☐	☐	Diptheria ________
☐	☐	Measles ________
☐	☐	Mumps ________
☐	☐	Rubella ________
☐	☐	Polio ________
☐	☐	Chicken pox ________
☐	☐	Hepatitis A ________
☐	☐	Hepatitis B ________
☐	☐	Influenza ________
☐	☐	Other (i.e., HIB) ________

☐ Exemption to immunizations claimed.

(For more information about immunizations, as well as the immunization exemption form, see Scouting Safely on Scouting.org.)

MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

Medication ________ Strength ________ Frequency ________ Approximate date started ________ Reason for medication ________ ________ Distribution approved by: ________/________ Parent signature MD/DO, NP, or PA Signature Temporary ☐ Permanent ☐	Medication ________ Strength ________ Frequency ________ Approximate date started ________ Reason for medication ________ ________ Distribution approved by: ________/________ Parent signature MD/DO, NP, or PA Signature Temporary ☐ Permanent ☐	Medication ________ Strength ________ Frequency ________ Approximate date started ________ Reason for medication ________ ________ Distribution approved by: ________/________ Parent signature MD/DO, NP, or PA Signature Temporary ☐ Permanent ☐
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NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

Part C

Informed Consent and Hold Harmless/Release Agreement

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

☐ Without restrictions.

☐ With special considerations or restrictions (list) ____

____

Talent Release Form

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child by the Boy Scouts of America, and I hereby release the Boy Scouts of America from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

☐ Yes ☐ No

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

Participant's name ____

Participant's signature ____

Parent/guardian's signature ____
(if under the age of 18)

Date ______________________________

Attach copy of insurance card (front and back) here. If required by your state, use the space provided here for notarization.

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