



Colonneh Lodge

Ordeal Staff Registration 2010

www.colonneh.org

First Name _____	Last Name _____	Nickname _____	DOB _____
Cell Phone _____	Home Phone _____	Gender _____	<input type="checkbox"/> Youth or <input type="checkbox"/> Adult
Address _____		City _____	Zip _____
E-mail _____			
District _____	Unit Type _____	Unit # _____	BSA Scoutnet ID # _____

Parent/Guardian _____	Work Phone _____
Cell Phone _____	E-mail _____

<input type="checkbox"/> Elangomat,	<input type="checkbox"/> Ordeal Staff,	<input type="checkbox"/> Ceremony Team:	<input type="checkbox"/> Pre-Ordeal	<input type="checkbox"/> Ordeal
<small>(Ordeal Master will assign position)</small>			<input type="checkbox"/> Allowat Sakima,	<input type="checkbox"/> Kichkinet, <input type="checkbox"/> Meteu, <input type="checkbox"/> Nutiket

Ordeal Dates 2010	Location	Ordeal Type	Check-in	Dismissal	Cost
<input type="checkbox"/> Feb 19-21	Baytown NC	Chapter: Raven	8:00 - 10:00 pm	Sunday 10:00 am	<input type="checkbox"/> \$10
<input type="checkbox"/> Feb 26-28	Strake I	Lodge (all Chapters) / Spring Fellowship	8:00 - 10:00 pm	Sunday 11:00 am	<input type="checkbox"/> \$0
<input type="checkbox"/> April 9-11	Armand Bayou Nature Center	Chapters: Bayshore/Eagle Trail	see www.ani-lati.org		<input type="checkbox"/> \$10
<input type="checkbox"/> April 16-18	Brosig I	Chapter: Texas Skies	8:00 - 10:00 pm	Sunday 10:00 am	<input type="checkbox"/> \$10
<input type="checkbox"/> May 7 - 8	Strake II	Chapters: George Strake, Tall Timbers, Flaming Arrow, Golden Arrow	8:00 - 10:00 pm	Sunday 9:00 am	<input type="checkbox"/> \$10
<input type="checkbox"/> May 7 - 8	Brosig II	Chapters: Brazos, David Crockett, Tomahawk, Mustang	8:00 - 10:00 pm	Sunday 9:00 am	<input type="checkbox"/> \$10
<input type="checkbox"/> May 14 - 16	Cima I	Chapters: Big Cypress, Copperhead, Soaring Eagle	8:00 - 10:00 pm	Sunday 10:00 am	<input type="checkbox"/> \$10
<input type="checkbox"/> Cima I Bus (optional) meet at Cockrell Center at 6:00 pm sharp (if enough interest)					<input type="checkbox"/> \$25
<input type="checkbox"/> June 5 - 7	Cima II	Lodge (all Chapters)	9:00 - 11:00 pm	Sunday 11:00 am	<input type="checkbox"/> \$10
<input type="checkbox"/> Cima II Bus (optional) <input type="checkbox"/> meet at Cockrell Center at 6:00 pm sharp or <input type="checkbox"/> meet at Location TBD (Katy) at 6:15 pm sharp					<input type="checkbox"/> \$25
<input type="checkbox"/> Week of: June 13 - 19	Cima - 1	SHAC Summer Camp (Call Out and Ordeal only for those attending camp)	see Camp schedule		<input type="checkbox"/> \$0
<input type="checkbox"/> Week of: June 20 - 26	Cima - 2				
<input type="checkbox"/> Week of: June 27	Cima - 3				
<input type="checkbox"/> Week of: July 4 - 10	Cima - 4				
<input type="checkbox"/> Week of: July 11 - 17	Cima - 5				
<input type="checkbox"/> Sept 10-12	Strake III	Lodge (all Chapters)	8:00 - 10:00 pm	Saturday 10:00 pm	<input type="checkbox"/> \$10
<input type="checkbox"/> Nov 19-21	Strake IV	Chapters: Iron Horse, Orion, Phoenix	8:00 - 10:00 pm	Saturday 10:00 pm	<input type="checkbox"/> \$10
<input type="checkbox"/> Dec 10 - 11	Strake V	Lodge (all Chapters)	8:00 - 10:00 pm	Saturday 10:00 pm	<input type="checkbox"/> \$10

Medical Form: All staff must attach a completed Medical Form. Forms are available at: www.samhoustonbsa.org/home/forms.

<input type="checkbox"/> Cash or <input type="checkbox"/> Check (payable to SHAC): Mail to: OA Secretary, PO Box 924528, Houston, TX 77292-4528	
Credit: <input type="checkbox"/> Amex <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Disc:	Email (delores.mcgee@shac.org) or Fax (713-865-9150)
	Card Holder Name: _____
	# _____ Exp. Date _____
<i>Note: Email is preferred method. Do not fax twice or send info more than one way or you will be charged twice</i>	Signature <u>not required if emailed</u> _____

For office use:
Acct: 1-2371-755-00
____ Payment Processed
____ Amount ____ Date
____ Medical
____ LM

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
<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria _____
<input type="checkbox"/>	<input type="checkbox"/>	Measles _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Rubella _____
<input type="checkbox"/>	<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____
<input type="checkbox"/>	<input type="checkbox"/>	Influenza _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., HIB) _____

Exemption to immunizations claimed.

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.

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

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____ Distribution approved by: _____ Parent signature _____ / MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____ Distribution approved by: _____ Parent signature _____ / MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____ Distribution approved by: _____ Parent signature _____ / MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
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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.

Emergency contact No.:

Allergies:

DOB:

Last name:

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.



BOY SCOUTS OF AMERICA
1325 West Walnut Hill Lane
P.O. Box 152079
Irving, Texas 75015-2079
<http://www.scouting.org>



2008 Printing

Part C Last name: _____ DOB: _____



Colonneh Lodge

Dues Renewal
www.colonneh.org

First Name _____	Last Name _____	Nickname _____	DOB _____
Address _____		City _____	Zip _____
E-mail _____			
District _____	Unit Type _____	Unit # _____	Scoutnet/BSA ID # _____

Phone Number	Extension	Type: Home, Business, Mobile, Home Fax, Business Fax, School, Pager	(✓) Primary Contact

Awards outside of the OA:

District Award of Merit: Year _____ District: _____ Silver Beaver: Year _____ Council: _____

James E. West: Year _____ Council: _____ Eagle: Year _____ _____

Ceremony Roles Performed: Ceremony Type:

<input type="checkbox"/> Allowat Sakima	<input type="checkbox"/> Arrow of Light, <input type="checkbox"/> Brotherhood, <input type="checkbox"/> Call Out, <input type="checkbox"/> Ordeal, <input type="checkbox"/> Pre-Ordeal, <input type="checkbox"/> Vigil, <input type="checkbox"/> Vigil Callout
<input type="checkbox"/> Guide	<input type="checkbox"/> Arrow of Light, <input type="checkbox"/> Brotherhood, <input type="checkbox"/> Call Out, <input type="checkbox"/> Ordeal, <input type="checkbox"/> Pre-Ordeal, <input type="checkbox"/> Vigil, <input type="checkbox"/> Vigil Callout
<input type="checkbox"/> Kichkinet	<input type="checkbox"/> Arrow of Light, <input type="checkbox"/> Brotherhood, <input type="checkbox"/> Call Out, <input type="checkbox"/> Ordeal, <input type="checkbox"/> Pre-Ordeal, <input type="checkbox"/> Vigil, <input type="checkbox"/> Vigil Callout
<input type="checkbox"/> Meteu	<input type="checkbox"/> Arrow of Light, <input type="checkbox"/> Brotherhood, <input type="checkbox"/> Call Out, <input type="checkbox"/> Ordeal, <input type="checkbox"/> Pre-Ordeal, <input type="checkbox"/> Vigil, <input type="checkbox"/> Vigil Callout
<input type="checkbox"/> Nutiket	<input type="checkbox"/> Arrow of Light, <input type="checkbox"/> Brotherhood, <input type="checkbox"/> Call Out, <input type="checkbox"/> Ordeal, <input type="checkbox"/> Pre-Ordeal, <input type="checkbox"/> Vigil, <input type="checkbox"/> Vigil Callout

Please check all of the resources, services, and skills that you can provide to our camps and to the OA:

Administration	<input type="checkbox"/> Registration, <input type="checkbox"/> Trading Post, <input type="checkbox"/> _____
Certifications	<input type="checkbox"/> Archery (NAA, NFAA), <input type="checkbox"/> BSA Lifeguard, <input type="checkbox"/> Canoe-Flat water, <input type="checkbox"/> Climbing Instructor, <input type="checkbox"/> COPE Instructor, <input type="checkbox"/> Mussel loader (NRA), <input type="checkbox"/> Rifle (NRA), <input type="checkbox"/> Safe Swim Defense, <input type="checkbox"/> Shot gun (NRA), <input type="checkbox"/> _____
Communications	<input type="checkbox"/> Graphic designer, <input type="checkbox"/> OA Unit Rep, <input type="checkbox"/> OA Unit Rep. Adviser, <input type="checkbox"/> Photographer, <input type="checkbox"/> Publisher, <input type="checkbox"/> Video Editor, <input type="checkbox"/> Videographer, <input type="checkbox"/> Web, <input type="checkbox"/> Writer, <input type="checkbox"/> _____
Food Service	<input type="checkbox"/> Colonneh Café, <input type="checkbox"/> Cook, <input type="checkbox"/> Kitchen Staff, <input type="checkbox"/> _____
Inductions	<input type="checkbox"/> Camp Promotions, <input type="checkbox"/> Ceremony Instructor, <input type="checkbox"/> Ceremony Judge, <input type="checkbox"/> Elangomat, <input type="checkbox"/> Elections, <input type="checkbox"/> Ordeal master, <input type="checkbox"/> Ordeal staff, <input type="checkbox"/> Ceremonies, <input type="checkbox"/> Brotherhood Walk facilitator, <input type="checkbox"/> _____
Medical	<input type="checkbox"/> EMT, <input type="checkbox"/> Nurse, <input type="checkbox"/> Paramedic, <input type="checkbox"/> Physician, <input type="checkbox"/> _____
Program	<input type="checkbox"/> NA Crafts, <input type="checkbox"/> NA Dance Instructor, <input type="checkbox"/> NA Dance Competition Judge, <input type="checkbox"/> Shows-actor, <input type="checkbox"/> Shows-technical, <input type="checkbox"/> Sports/Games, <input type="checkbox"/> Trainer, <input type="checkbox"/> _____
Resources	<input type="checkbox"/> Framing, <input type="checkbox"/> Making awards, <input type="checkbox"/> Printing, <input type="checkbox"/> Sewing, <input type="checkbox"/> Sign making, <input type="checkbox"/> Equipment rental: _____, <input type="checkbox"/> _____
Service	<input type="checkbox"/> AC/Heating Tech, <input type="checkbox"/> Auto mechanic, <input type="checkbox"/> Cabinet Maker, <input type="checkbox"/> Carpet, <input type="checkbox"/> Carpenter, <input type="checkbox"/> Cement mason, <input type="checkbox"/> Chainsaw Operator, <input type="checkbox"/> Civil engineer, <input type="checkbox"/> Contractor, <input type="checkbox"/> Drywall, <input type="checkbox"/> Electrician, <input type="checkbox"/> Engineer, <input type="checkbox"/> Fence, <input type="checkbox"/> Heavy Equipment Operator, <input type="checkbox"/> Landscaper, <input type="checkbox"/> Locksmith, <input type="checkbox"/> Mason <input type="checkbox"/> Plumber, <input type="checkbox"/> Quartermaster, <input type="checkbox"/> Surveyor, <input type="checkbox"/> Tile, <input type="checkbox"/> Welder, <input type="checkbox"/> Woodworking, <input type="checkbox"/> _____
Specialist	<input type="checkbox"/> CPA, <input type="checkbox"/> Clergy, <input type="checkbox"/> Lawyer, <input type="checkbox"/> Travel agent, <input type="checkbox"/> Law enforcement, <input type="checkbox"/> _____
Trainings Attended	<input type="checkbox"/> Lodgemaster, <input type="checkbox"/> NLATS, <input type="checkbox"/> NLS, <input type="checkbox"/> NYLT, <input type="checkbox"/> WLE, <input type="checkbox"/> Wood Badge, <input type="checkbox"/> _____

Dues: \$12 dues – one year

Multiple year's dues (only available to Brotherhood/Vigil members): \$24 - two yrs, \$36 - three yrs, \$48 - four yrs, \$60 - five yrs

<input type="checkbox"/> Cash (hand deliver to Cockrell Scout Center)	
<input type="checkbox"/> Check (payable to SHAC): Mail to: OA Secretary, PO Box 924528, Houston, TX 77292-4528	
<input type="checkbox"/> Credit: <input type="checkbox"/> Amex <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Disc: Email (delores.mcgee@shac.org) or Fax (713-865-9150)	
<i>One form per person.</i>	Card Holder Name: _____
<i>Note: Email is preferred method.</i>	# _____ Exp. Date _____
<i>Do not fax twice or send info more than one way</i>	Signature _____ <i>not required for email</i>

For office use:
Acct: 1-2371-737-00
____ Pd ____ Card
____ LM