Colonneh Lodge

Ordeal Staff Registration 2008

www.colonneh.org

Staff Fee is $12.00

Staff Name _____ DOB _____ Sex _____ Circle: Adult or Youth

Address _____ City _____ Zip _____

City _____ State _____ Zip _____ Home Phone _____

Cell Phone _____ E-mail _____

District _____ Unit _____ Rank _____

Parent/Guardian _____ Work Phone _____

Cell Phone _____ E-mail _____

Note: Staff, Elangomats, and Ceremony Teams are not permitted to leave the camp premises during the Ordeal. Prior approval by the Ordeal Adviser is needed to obtain the necessary required permission and paperwork for extenuating circumstances.

I am registering as: ❑ Ceremony Team ❑ Elangomat ❑ Ordeal Staff (Ordeal Master will assign position)

	El Rancho Cima	Camp Brosig	Bovay Scout Ranch	Camp Strake	Winter Camp Prep Camp Strake
Please Circle Your selected Ordeal Date	5/2 - 5/4	5/9 - 5/11 9/19 -9/21	5/16 -5/18	9/12 - 9/14	12/12 -12/14
Capacity	150	150	150	150	75
	All Chapters	Bayshore, Brahmin, Brazos, David Crockett, Golden Arrow, Mustang, Tatanka, Texas Skies, Tomahawk, W.L. Davis	Aldine Pathfinder, Antares, Arrowmoon, Eagle Trail, Flaming Arrow, George Strake, Polaris, Rising Star, Urban	Aldine Pathfinder, Antares, Arrowmoon, Eagle Trail, Flaming Arrow, George Strake, Polaris, Rising Star, Urban	All Chapters

MEDICAL INFORMATION

All participants **MUST ATTACH** a completed Class 1 and Class 2 (Class 3, if over the age of 40) Medical Form. If medications will be taken during the event, a completed Medication Form (listing prescription and over the counter medications) must also be attached. ***Staff may not participate in the Ordeal without completed medical forms***. Forms are available at: www.samhoustonbsa.org/home/forms.

TALENT RELEASE

I hereby assign and grant to the Boy Scouts of America the right and permission to use and publish the photographs/film/ video/electronic representations and/or recording made of myself and/or my child at this(ese) event(s) 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 further authorize the reproduction, sale copyright, exhibit, broadcast, electronic storage 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. Names and/or individualized identification shall be unintentional.

Date _____ Signature of Parent/Guardian or Adult _____

Payment Method: ❑ Cash ❑ Check ❑ Amex ❑ MC ❑ Visa ❑ Disc

Staff Fee $12.00 (checks payable to SHAC)

Card Holder Name: _____

_____ Exp. Date _____

Signature _____

Fax credit card registrations only to: 713-865-9125

Mail to: **OA Secretary**
PO Box 924528
Houston, TX 77292-4528

Phone: 713-756-3395

Acct #: 900277 1-2371-755-00