



APPLICATION FOR 2018 ORDER OF THE ARROW ORDEALS REGISTRATION AND MEDICAL INFORMATION

Instructions: Fill out form completely. Parent must sign if Candidate is under age 18.

In consideration of the benefits to be derived, and in view of the fact that the B.S.A. is an educational organization, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well-being of person attending during this activity or trip, I hereby agree to his participation and waive all claims against the leaders of this activity or trip and officers, agents, and representatives of the B.S.A. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by a designated representative of the Boy Scouts of America to authorize routine, emergency, or surgical treatment; hospitalization; proper anesthesia; and/or injections. The person herein described is in good health and physical condition, has all required immunizations, and I assume the health responsibility for the individual. I hereby assign and grant to the Pellissippi Lodge the right and permission to use and publish photographs of me or my son as part of their communication effort. I understand they will not provide identifying information with any of the photos. I hereby release the Lodge and the Boy Scouts of America from any and all liability from such use and publication. I specifically waive any right to any compensation I may have for use of the images.

X _____
Signature of Parent/Guardian, if candidate is under
18, or Adult Member Signature if Candidate is 18 or
over.

Please Print Name Legibly

Telephone

The cost of \$60.00 (\$65.00 for walk-ons) includes an Order of the Arrow Sash, Order of the Arrow Handbook, Lodge Pocket Flap Patch, Lodge dues for 2018, and cost for the weekend including food.

I have enclosed my payment of \$_____.

You may register either by mail or at the council office in person were credit cards or debit cards are excepted. Please bring these forms when registering at the council office. Make checks payable to **GSMC (Great Smoky Mountain Council)**. Payments may also be made on the Council Web Site when completing this form online.

**Pellissippi Lodge, Order of the Arrow
Boy Scouts of America, Great Smoky Mountain Council
P.O. Box 51885
Knoxville, TN 37950-1885**

**PLEASE REGISTER AND TURN IN YOUR PAYMENT AT LEAST ONE WEEK PRIOR TO
THE ORDEAL WEEKEND THAT YOU HAVE SELECTED.**

X _____ Signature of Parent/Guardian, if candidate under 18,
or Adult member signature if 18 years old or older

Print Name Legibly

**IMPORTANT: Please read carefully the accompanying letters/instructions for the
Ordeal.**



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Candidate Information:

**Contact Information Noted Below Should Be the Best Way to Contact the Candidate by the
Pellissippi Lodge for Order of the Arrow Events.**

(Full) First Name: _____ M.I. _____ Last Name: _____ Suffix: _____

Troop Number: _____ Rank or Adult Leadership Position: _____

Name of Parent or Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Parents Cell Telephone: _____ Scouts Cell Telephone: _____

Parents Email: _____, Scouts Email: _____

Date of Birth: ____/____/____ BSA ID #: _____

Permission for Lodge Youth Officers to Text Parent or Scout Yes: _____, No: _____

Youth Protection Training Date: _____ (Adults Only)

I am:

Youth (Under 21 Years of Age)

Adult (21 Years of Age or Older) Male / Female (Adults only)

I am a candidate from the following Chapter (District):

Catoosa	Pellissippi
Chehote	Sequoyah
Cherokee	Toqua
Cumberland	Tuckaleechee
Echota	Unaka

Please indicate the date of the Ordeal you wish to attend (Select Only One Date):

May 20-22, 2018 (at Camp Buck Toms)

OR

August 10-12, 2018 (at Camp Pellissippi)



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Emergency Contact Information:

Person to contact if parent/guardian is not home at the address/telephone listed above:

Name: _____ Relation: _____

Phone:(_____)_____

Food Allergies & Dietary Restrictions (please specify): _____

Medical & Insurance Information*:

Insurance Company: _____

Policy # and Member ID: _____

List **Any** Health Concerns/Restrictions (medications, allergies, physical restrictions, etc.):

_____ (attach pages if necessary)

Also, in addition to the above please bring in a COPY of the Ordeal Candidates completed BSA Annual Health and Medical Record form (Parts A and B) to the Ordeal Weekend Registration. Do not mail or turn in the BSA Annual Health and Medical Form to the Council Service Center. These Medical Records will be reviewed and may be retained by the Lodge Medical Adviser Dr. Donnie Parker for future 2018 Lodge Events that new Ordeal Member may attend after the Ordeal Weekend.