

Amangi Nacha Lodge 2005 Ordeal Candidate Registration

Mail Form to: Amangi Nacha Lodge Ordeal
Golden Empire Council
P.O. Box 13558
Sacramento, CA 95853-3558

Please Print!

Name _____ Unit _____ Birth Date _____

Address _____ Phone (____) _____

City _____ Zip _____ District _____

E-mail _____ Newsletter (circle one): Email OR Bulk Mail

You may attend any Ordeal you wish, but you're encouraged to attend the Ordeal assigned to your District if possible.
Please note deadline dates; THERE IS A \$20.00 CHARGE FOR ON-SITE REGISTRATION!

Check In time is no earlier than 6:30 PM Friday evening

Check the Ordeal you plan to attend.

- | | | | | |
|--------------------------|------------|-----------------------------|----------------------------------------------------------------------|---------------------------|
| <input type="checkbox"/> | May 13-15 | Camp Lassen | Ranchero West & Northern Rivers Districts | DEADLINE: May 6, 2005 |
| <input type="checkbox"/> | June 3-5 | Pollock | Pony Express, Rio Del Oro, Yolo & Pioneer Districts | DEADLINE: May 27, 2005 |
| <input type="checkbox"/> | June 17-19 | Camp Winton | Amador, El Dorado, Soaring Eagle, River City & Trailblazer Districts | DEADLINE: June 10, 2005 |
| <input type="checkbox"/> | July 8-10 | Camp Cole | Buttes Area, Gold Country, IronHorse & Sierra Gateway Districts | DEADLINE: July 1, 2005 |
| <input type="checkbox"/> | Oct 14-16 | Fall Ordeal
Location TBA | Golden Empire Council | DEADLINE: October 7, 2005 |

You may attend any Ordeal you wish, but you're encouraged to attend the Ordeal assigned to your District if possible.

FEES: \$31.00 per Ordeal candidate (Covers food, OA handbook, Lodge flap, Ordeal sash and dues through the end of the current year).

NOTE: Registration at an Ordeal (on site) is \$51.00

TOTAL FEES ENCLOSED: \$ _____

Make check payable to "Amangi Nacha Lodge" and **mail to the above address only!**

MEDICAL RELEASE: Must be completed for all members under 18 years of age. **Please include or bring to the Ordeal a copy of the youth's health history form.**

PLEASE SIGN ON THE BACK OF THIS SHEET

**Amangi Nacha Lodge
Golden Empire Council
2005 Medical Release / Parental Consent Form**

I/We, _____, do hereby give consent for _____
(Parent(s)/Guardian name) (Scout's name)
to participate in all OA activities for the calendar year 2005, effective _____ (date).

I/We, the undersigned, parent or guardian of said minor, do hereby authorize the Adult Leader(s) in charge as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis of treatment and hospital care which deemed advisable by, and is to be rendered by or under the general or special supervision of any physician and/or surgeon licensed under the Medical Practices Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care required, but is given to provide authority on the part of aforesaid agent for treatment deemed advisable. Adult leader(s) will make every effort to contact the Parent(s) or Guardian(s) as soon as possible. I also give my permission for the adult leader to treat minor injuries or illnesses while at the event.

In case of an accident or illness and medical attention is required for my/our adolescent /ward, it should be obtained and I/we accept full responsibility for all expenses incurred. I/we waive all claims against the leaders and officers of this activity, agents, and representatives of the Boy Scouts of America.

Name:(s) _____ Printed parent or guardian
_____ Printed parent or guardian

Signed: _____

Date: _____ Telephone: _____

Family Doctor: _____ Doctor's Telephone: _____