



NA WAKWA LODGE #3

Order of the Arrow

Member Registration Form



Ordeal Candidates and Brotherhood Candidates **MUST NOT** use this form! **No Exceptions!!**

Event: Spring Inductions Weekend **Date:** March 16–18, 2018 **Location:** Camp T. Brady Saunders

You will need a tent [Scouts who are under 18 years of age must NOT share a tent with someone who is 18+ years of age or who is another youth more than two years apart in age (except for family members)], sleeping bag, and clothes appropriate for the weather. You are expected to bring a **filled water bottle** and **work gloves**, along with a completed **medical form** (see below). Check-in will be at the **Camp T. Brady Saunders Administration Building** between 6:00 PM and 9:00 PM Friday evening. Scout uniform will be required for Saturday evening and Sunday morning. Pick-up on Sunday is between 10:30 and 11:00 AM from the **Parking Lot**. All members are expected to stay and participate the entire weekend.

Registration cutoff is Sunday, March 11*

Late fees will be chargeable after March 5* (strictly enforced). Due to the cost of food purchases and program materials, no refunds will be made unless notification of cancellation is made to the Council Service Center (phone 804-355-4306) prior to closing (5:00 PM) on the Wednesday preceding the event or for an emergency. Please make checks payable to "OA/BSA" and send to: Order of the Arrow; Heart of Virginia Council, BSA; P.O. Box 6809; Richmond, VA 23230.

----- PLEASE CUT HERE AND RETURN WITH FEE ----- (ONE REGISTRATION PER FORM) -----

SPRING INDUCTIONS WEEKEND

UNIT: _____ BSA PERSON ID: _____ **CHECK CURRENT MEMBERSHIP STATUS:**
Located under expiration date on BSA membership card (usually 7–9 digits) () ORDEAL () BROTHERHOOD () VIGIL

Brotherhood Candidates MUST NOT use this form...they should use the special form that was mailed to them with their invitation to earn Brotherhood status.

FULL NAME: _____
(LAST NAME) (FIRST NAME) (MIDDLE NAME) (SR, JR, III, IV) (PREFERRED NAME)

MAILING ADDRESS: _____
(# & STREET or PO BOX) (CITY) (STATE) (ZIP)

DATE OF BIRTH: _____ HOME TELEPHONE: (_____) _____
(MONTH / DAY / YEAR)

MEMBER CELL: (_____) PARENT CELL: (_____) _____
(if member is under 18 years old)

MEMBER EMAIL: _____ PARENT EMAIL: _____
(if member is under 18 years old)

SPECIAL DIET REQUIREMENTS: _____

SPECIAL MEDICAL REQUIREMENTS: _____

I want to serve as an elangomat. I may want to serve as an elangomat, please contact me with more information.

ALL PARTICIPANTS ARE **REQUIRED** TO BRING A COMPLETED BSA MEDICAL FORM (PARTS A&B) ALONG WITH A COPY OF THEIR MEDICAL INSURANCE CARD AND ANY MEDICATIONS IN THEIR ORIGINAL CONTAINERS. PARTICIPANTS WITHOUT SUCH WILL BE SENT HOME. http://www.scouting.org/filestore/HealthSafety/pdf/680-001_AB.pdf

PLEASE CHECK THE APPROPRIATE OPTION(S) AND RETURN BY CUTOFF DATE

REGISTRATION: Member, Full Participation with Patch (<i>NOT CANDIDATES!</i>)	\$25.00 ()
FRIDAY EVENING DINNER: (Served 6:00 PM – 7:00 PM in the Dining Hall. Pre-paid only...no walk-ins.)	\$ 6.00 ()
2018 ANNUAL DUES (if 2017 or earlier on OA membership card)	\$20.00 () Must be up-to-date!
EARLY BIRD DISCOUNT (register before Sunday, February 25 th , or have annual pass)	–\$5.00 ()
PLEASE ADD LATE FEE (after Sunday, March 4 th ; not for annual pass holders)	\$10.00 () No Excuses!
ANNUAL PASS HOLDER (discount only applies to current-year annual pass holders)	–\$20.00 ()

Register and pay via credit card online at <http://nawakwa.org/register>

TOTAL REMITTED \$ _____
MEMBER PARTICIPATION AGREEMENT

(for ALL members, regardless of age)

I certify that I have read the **Statement of Understanding** and the **Health & Safety Notices** on the back of this page and agree to abide by the conditions in the **Code of Conduct** as a participant attending this OA/BSA event.

DATE: _____ PARTICIPANT'S SIGNATURE: _____

REQUIRED PARENTAL PERMISSION SLIP

(for ALL members under 18 years of age)

I hereby authorize my above named Scout to attend and give my full permission for his participation in OA/BSA programs. In the unlikely event of illness or injury in the course of such activity, I request that measures be instituted without delay as judgment of medical personnel dictates.

PRINT PARENT'S NAME: _____ Emergency Phone: (_____) _____

DATE: _____ PARENT'S SIGNATURE: _____

ORDER OF THE ARROW
*Participant Code of Conduct
and
Statement of Understanding*

Keep This Copy

Statement of Understanding: All adult participants and youth participants with their parents or guardians are asked to sign the Code of Conduct and Statement of Understanding as a condition of participation, with the further understanding that serious misconduct or infraction of established rules and regulations may result in expulsion, at the participant's expense, from the Order of the Arrow event. Repeat offenders may be suspended from the lodge. Ultimately, we want each participant to be responsible for his or her own behavior and, only when necessary, will the procedure be invoked to send a participant home from this event.

All youth and adult participants are expected to abide by the Code of Conduct as follows:

As a member of the Order of the Arrow, I will:

1. Observe the Scout Oath or Promise, Scout Law, and Order of the Arrow Obligation.
2. Wear my official uniform when required.
3. Attend work and/or training sessions.
4. Be personally responsible for breakage, damage, or loss of property.
5. Camp in the area designated for my chapter.
6. Be courteous to all candidates, brothers, and advisers.
7. Leave my campsite clean and dispose of waste in appropriate places.
8. Respect all rules regarding vehicles in camp. ***You MUST SIGN OUT if you leave early!***
9. Abide by Boy Scouts of America policy and camp regulations.
10. Absolutely no alcohol or illegal drugs.
11. Confine trading and swapping to free or designated periods and places.
12. Observe quiet hours from midnight to 7:00 AM.

Health & Safety Notices

1. All participants must arrive at the OA Service Weekend with a ***filled water bottle***, proper clothing, sturdy shoes or boots, hat, ***work gloves***, sunscreen, and tick repellent with DEET.
2. All safety equipment provided by camp (e.g., hearing and eye protection) must be worn when working around power tools, trail tools, or chainsaws.
3. Medications considered controlled substances (i.e., for ADD, ADHD, OCD, Autism, Depression, etc.) must be brought in the original prescription bottle(s) for each medication with clear written instructions as well as contact name and phone number. Only send enough pills to last until 10:00 AM on Sunday. Medical forms and any leftover medications will be at the Administration Building by 10:00 AM on Sunday. ***Any medical forms and/or medications not picked up will be destroyed unless instructed otherwise by the parent or adult owner.***
4. Any participant with complicated heart disease, hypertension, unstable diabetes, or recent (within 6 weeks prior to event) surgery/injury/illness that included fever, cough, cold, flu, infection of any type, vomiting, and/or diarrhea may not be allowed to participate.
5. Health matters and requests for permission to participate may be discussed with the Health Adviser upon arrival.

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