



Enrollment/Update Form

~Wiatava Lodge 13, Order of the Arrow~



Personal Data

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Last Name

First Name (Middle Initial)

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Street Address

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City

C	A
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State

--	--	--	--	--

Zip Code

--	--	--

Phone Number (Home)

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Phone Number (Cell)

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--	--	--	--

E-mail: _____

O

Honor

1	3
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Ordeal
Year

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B-Hood
Year

--	--

Vigil
Year

- O Ordeal
- B Brotherhood
- V Vigil

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Birth Date (Month-Day-Year)

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Chapter		Unit Type	Number							
AM	Amimi	B	Pack							
AN	Anasazi	C	Council							
CR	Crow	D	District							
KO	Koshare	P	Post							
MA	Maga Taskozu	S	Ship							
MO	Modoc	T	Troop							
SA	Santee	V	Team							
TA	Ta Tanka									
TE	Tenaja									
TG	Tsungoni									
WO	Woapalanne									

Interest Inventory

I would be interested in serving on the following Committees:

- Activities
- Camp Promotion
- Ceremonies
- Elangomat (serving as an Elangomat)
- Indian Dancing
- Publications (serving as a newsletter writer/photographer)
- Service
- Unit Elections

I would be interested in being an officer/adviser:

- at the chapter (district) level
- at the lodge (council) level
- at the section (area) level

I would be interested in attending:

- Lodge events
- Section events
- National events

I would be interested in working on service projects:

- Yes

1 copies of this, turned in to Chapter for their information



ORDEAL WEEKEND
PACKING LIST*

Recommended items to take:

- Ground cloth or tarp (no mattresses)
- Sleeping bag
- Field (Class A) uniform - don't need merit badge sash
- Small backpack or day pack
- Change of clothes (will be performing a service project)
- Toiletries (soap, towel, etc)
- Water bottle/canteen/Camel Back
- Sunscreen
- Hat
- Flashlight
- Spending money (\$20 is more than enough)
- 1 copy of the medical form
- 1 copy of permission slip
- Trip Ticket

Please do not take any food or electronic items (including watches)

CODE OF CONDUCT

It is mandatory that all Ordeal participants adopt and maintain the attitude of this Code of Conduct throughout the weekend.

I recognize that my personal conduct and that of all participants attending the Ordeal will do much to enhance this experience. I therefore accept the following Code of Conduct.

1. The Scout Oath and Law will be my guide thought the Ordeal weekend.
2. I will set a good example by keeping myself neat and presentable. The complete official Scout uniform is to be worn at all designated times, including Friday and Saturday nights, at all ceremonies, and at the Chapter meeting on Sunday. During the other events on Saturday, work clothes should be worn. The wearing or use of any military or camouflaged clothing or equipment is strictly prohibited.
3. I will attend and participate in all scheduled activities to the best of my ability.
4. In consideration of the other participants at the Ordeal, I agree to remain quiet from taps until reveille.
5. I will adhere to all camp polices and regulations.
6. I pledge myself to live by the Outdoor Code and to do my share to prevent littering and defacing of property.
7. I agree to refrain from the use of any abusive or foul language, swearing, fighting, hazing, or any other disruptive behavior. I understand that all of these are not a part of Scouting and particularly the Order of the Arrow.
1. I understand that the possession of fireworks is strictly prohibited. The same apples to sheath knives and all electric radios, CD players, games, and cellular phones (other than for emergencies).
8. I will not be part of or allow the breakage or theft of any property.

Name: _____ Unit Number: _____

Signed: _____ Date: _____

**Boy Scouts of America
Orange County Council**



**Order of the Arrow
Wiatava Lodge 13**

Trip Ticket

Chapter: _____ District: _____

Name: _____ Unit Number: _____

Address: _____ Unit Position: _____

City: _____ Zip: _____ OA Honor (Check one):

Phone Number: _____

- Ordeal Honor Candidate
- Brotherhood Honor Candidate
- Ordeal Honor Member
- Brotherhood Honor Member
- Vigil Honor Member

Birth Date: _____

Scout: _____ Scouter: _____

Name of Parent or Legal Guardian: _____

Address (if different from above): _____

Is there any reason your physical activity should be limited. _____ If yes, please explain: _____

Do you have any religious beliefs, sickness (such as diabetes) or allergies that might be affected by the menu? _____

If yes, please explain: _____

With whom have you arranged transportation: Arriving _____ Departing _____

Please check with them and indicate the TIME your driver expects to leave, particularly if you plan on leaving after 5:00pm on Friday. _____

Have you ever been employed as any of the following?

Carpenter	Electrician	Plumber	Mason	Mechanic	Sheet Metal	Painter	Pool Service

Required Equipment for all Candidates:

1. Complete Uniform to be worn to and from the Ordeal and during Ceremony
2. Sleeping gear and ground cloth, separate from pack or bag
3. Work clothes and gloves
4. Rain gear (just in case)
5. Toilet articles, towel, flashlight, etc.

Candidate's Agreement and Pledge:

I have read and have filled out, to the best of my ability, the above information. I will fulfill the obligation entrusted to me by the Scouts of my Unit, and will endeavor to participate in the Ordeal Ceremony, regularly attend meeting of the Order, and become an active member of the Order and promote camping in my own Unit as well as in others.

Signed: _____ Date: _____

Turned in for event registration



PERSONAL MEDICAL INFORMATION

Name: _____ DOB: _____ Age: _____ Sex: _____

Name of parent or guardian _____ Telephone # _____

Name of parent or guardian _____ Telephone # _____

Home address: _____ City: _____ Zip: _____

Business address: _____ City: _____ Zip: _____

If person named above is not available in the event of an emergency, notify:

Name _____ Relationship: _____ Telephone # _____

Name _____ Relationship: _____ Telephone # _____

Name of personal physician: _____ Telephone # _____

Personal Health/Accident Insurance carrier: _____ Policy #: _____

Medial information past or present (*please check and if "yes " explain and give all information needed to provide as safe and as full participation as possible*)

Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	Leukemia	<input type="checkbox"/> Yes <input type="checkbox"/> No
High blood pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Convulsions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hemophilia	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Explanations: _____

Allergies: Food Yes No Plants Yes No
Medicines Yes No Insect Bites Yes No

Explanations: _____

Date of last tetanus shot: _____

List any conditions limiting full participation (physical or emotional) _____

List any medicines to be taken while on outing: _____

Signature of parent or guardian: _____ Date: _____

Turned in for event registration



Trip Medical Authorization

Name of Scout: _____

Trip Dates: _____

Location: _____

I request that my son, be permitted to attend the Order of the Arrow, Ordeal. He is in good physical condition. Should any illness or accident occur to him on the trip, I will not hold liable the Orange County Council, Boy Scouts of America (BSA), its Officers, or Leaders for said or for any medical aid rendered and will reimburse the Orange County Council, BSA, or its Leaders for medical or other expenses incurred in the care of my son.

I am () one of the parents having legal custody, I am () the parent having legal custody, I am () the legal guardian (check applicable) of my above named son, a minor. I hereby authorize the giving of first aid to my son. I further authorize any adult BSA Order of the Arrow Adviser on the above event to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and upon the advise of a physician and surgeon licensed under the provisions of the Medical Practice Act, or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the Dental Practice Act. Parents will be contacted immediately if possible. This authorization is given pursuant to California Civil Code, Section 25.8. If my son does require medical treatment, I authorize the treating authority to release him to an adult BSA Order of the Arrow Adviser.

Father or Guardian (signature): _____

Mother or Guardian (signature): _____

Parent or Guardian's Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____

Witness (signature): _____ Date: _____

Additional Comments: _____
