

# 2008 FALL CONCLAVE REGISTRATION

August 15 - 17, 2008 Canyon Camp  
Stockton, IL

One person per form. No mass registrations, as in one troop registers 15 people.

No refunds will be given. The patch is for people who participate. If you do not show up you forfeit your money and your patch.

## Please Print!

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_ Phone : \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Troop # \_\_\_\_\_

I am registering as a:    \_\_\_ Member - \$16  
                                  \_\_\_ Ordeal Candidate - \$40  
                                  \_\_\_ Brotherhood Candidate - \$29 (Sealing my membership)

Honor currently held (Circle):    Ordeal            Brotherhood            Vigil

Chapter (Circle): Gokhos (White Eagle)    Mawat (Wanchanagi)    Wetassa    Kishwaukee (Sycamore)    WWW (Arrowhead)

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**OA Event Medical Form**

**Check all items that apply, past or present, to your health history. Explain any "yes" answers.**

**Allergies:** Food, medicines, insects, plants: \_\_\_ Yes \_\_\_ No

Explain: \_\_\_\_\_

**General Information:** (Place a check mark to all that apply. Explain any "yes" answers.)

\_\_\_ADHD                    \_\_\_Convulsions/Seizures            \_\_\_Hemophilia  
\_\_\_ Asthma                \_\_\_Diabetes                            \_\_\_High Blood Pressure  
\_\_\_Leukemia              \_\_\_Kidney Disease                    \_\_\_Heart Trouble

Explain: \_\_\_\_\_

**List medications to be taken at this event:** \_\_\_\_\_

**Who will be responsible for keeping & administering the medication?** \_\_\_\_\_

**List any physical or behavioral conditions that may affect participation:**  
\_\_\_\_\_

\_\_\_\_\_ **I require special housing due to health reasons. What do you require:** \_\_\_\_\_

\_\_\_\_\_ **I require a special diet. What do you require:** \_\_\_\_\_

### IMPORTANT

I give permission for full participation in this OA Lodge event, subject to limitations noted above on this form. In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event that I can not be reached, I hereby give permission to a licensed health-care practitioner, selected by an adult leader in charge, to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication(s) for my child (or myself, if participant is an adult).

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian/Spouse Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Name (other than above) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

**This section MUST be completed if your son will be leaving and returning to the event**

I give permission for my son to leave this event at \_\_\_\_:\_\_\_\_ AM/PM on \_\_\_\_\_, to attend \_\_\_\_\_.  
He will be leaving with \_\_\_\_\_

He will return to the event at approximately \_\_\_\_:\_\_\_\_ AM/PM on \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**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 tapes/ electronic representations and/or sound recordings made of me this date 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 hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/ film/video tapes/electronic representations 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.

Signed \_\_\_\_\_ Guardian \_\_\_\_\_  
(if under the age of 18)

Witness \_\_\_\_\_ Date \_\_\_\_\_

Please circle which meals you will be eating at this event:

Friday Cracker Barrel      Saturday Breakfast      Saturday Lunch      Saturday Supper      Sunday Breakfast

Mail To:

Blackhawk Area Council  
P.O. Box 4085 Rockford, IL 61110  
Rockford, IL. 61110  
**Needs to be the council office by July 31**

Staff Use Only:

Campsite: \_\_\_\_\_