

# Fall Inductions '08

<http://www.lodge70.org/>

**September 5 - 7, 2008 @ Woodfield Scout Preservation**  
**October 3 - 5, 2008 @ Cherokee Scout Reservation**

You may register for one of the Fall Inductions weekends by filling out the form below and submitting payment to the Old North State Council office. Please check the box indicating which weekend you would like to attend. Please remember to bring your work clothes, camping gear, and a Class A uniform.

The cost for the Inductions Weekend is \$45.00, which includes all meals, a sash, lodge flap, and new member book. **Deadline to register for September Inductions Weekend is Friday, August 29, 2008.** After that date, you will be assessed a \$10.00 late fee. **Deadline to register for October Inductions Weekend is Friday, September 26, 2008.**

Visit the website at <http://www.lodge70.org> for updates and more information.

## Fall Inductions Registration Form

Please complete this form and the lodge medical form and return them to the scout office. The medical form will be checked at registration. A copy of a current Class 3 camp medical form with a current signature is acceptable.

Name: \_\_\_\_\_ Unit#: \_\_\_\_\_

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

City State & Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Circle One: Youth                  Adult

Sept. 5-7, 2008 \$45.00  
Woodfield Scout Preservation

Oct. 3-5, 2008 \$45.00  
Cherokee Scout Reservation

## Required Parental Permission Form

I hereby authorize my above named Scout to attend and give full permission in these Inductions Weekends. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as medical personnel dictates.

Print Parent name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian must sign if Scout  
Is under 18 years old

Scout's Signature

Activity # 854

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## OLD NORTH STATE COUNCIL REFUND POLICY

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Please be advised refunds on Council, District, or OA Events and Activities will be made only if an adult calls 5 days before the event to the Council Office to cancel that registration. The only exception to the policy will be the case of illness, accident and/or death in the family and that cancellation must be called in the day before the event. Refunds cannot be transferred to future events or functions. The exception being High Adventure Activities. Refer to the High Adventure payment schedule.

### **Tsoitsi Tsogalii Code of Conduct**

The general welfare of any group activity depends on the conduct of each individual member. This ensures the success of our Lodge events and provides the maximum benefit to every participant. As a participant, I understand this and support the reasonable demands of conduct expected of me. As a member of the Boy Scouts of America, I will:

1. Observe the Scout Oath or Promise, the Scout Law and the Order of the Arrow obligation.
2. Unless otherwise instructed, wear my official BSA uniform throughout the event.
3. Participate in planned sessions and activities for the event.
4. Confine trading and swapping of memorabilia to the designated times and designated areas. I will abide by the rules of trading when participating in this activity.
5. Be personally responsible for breakage, damage, or loss of property of others including the Old North State Council.
6. Camp only in designated areas only.
7. Be in my designated campsite each night during the hours between taps and reveille.
8. Keep my sleeping area clean, and dispose of trash in proper place.
9. Be cleaned up and departed on time.
10. Understand that the purchase, possession, or consumption of alcoholic beverage or illicit drugs at any Lodge Event will not be permitted and will result in immediate dismissal from the event, and expulsion from the Lodge. I also understand that further legal action may be taken against me. Compliance with State laws and the rules of the hosting facilities will apply at all times.
11. Comply with Federal, State and Local laws, BSA policies, and the host facility's regulations, including those which prohibit the use of fireworks, firearms, and gambling. Infraction of these laws and regulation will be cause for immediate dismissal from the Lodge event and the Lodge. I also understand that further legal action may be taken against me if I am found to violate these laws and rules.
12. Only park in the areas designated for parking. No one under 18 may drive inside any Camp area during any Lodge Event.
13. Observe and follow the BSA's and the host facility's policy on smoking.
14. Remain on the property of the host facility at all times during an event. No youth participant under age 21 is allowed off of the host's property during the Lodge Event unless they have permission from the Lodge Advisor or the Staff Advisor. The BSA and the Old North State Council is not responsible for actions of youth member while not on the property of the host. If disciplinary actions are necessary, the local Law enforcement agency may be notified, their parents called and the youth may be asked to leave the event and return home. Any decision of the Local law enforcement and the Lodge Leadership is final.

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent's Signature (If under 18 years old) \_\_\_\_\_

# Order of the Arrow Lodge Medical Form

Medical form must be turned in at time of registration. A separate medical form is required for each Lodge event. This form does not require a doctor's examination. Each person will go through a medical check upon arrival at camp for each Lodge event.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Unit#: \_\_\_\_\_  

Last Name
First
Initial
Month – Day – Year

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

Chapter/District: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Alternate Telephone: (\_\_\_\_) \_\_\_\_\_

Personal Physician: Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

**EMERGENCY MEDICAL INFORMATION** – Has or is subject to (provide details):

**ALLERGIES:** Food, medicines, insects, plants, latex: Yes No Explain: \_\_\_\_\_

Any condition that may require special care, medication, or diet: Yes No Explain: \_\_\_\_\_

ADHD (Attention Deficit Hyperactive Disorder): Yes No Explain: \_\_\_\_\_

Epipen	Yes	No	Convulsions	Yes	No
Asthma	Yes	No	Fainting Spells	Yes	No
Inhaler	Yes	No	Heart Trouble	Yes	No
Diabetic	Yes	No	Bleeding Disorders	Yes	No
Insulin	Yes	No	Contact Lenses	Yes	No

List any medications currently taken, or medications taken in the 30 days prior to this scouting event: \_\_\_\_\_

**IMMUNIZATIONS** (Date): Tetanus: \_\_\_\_\_ Diphtheria: \_\_\_\_\_ Pertussis: \_\_\_\_\_ Measles: \_\_\_\_\_ Mumps: \_\_\_\_\_ Rubella: \_\_\_\_\_

**MEDICAL HISTORY:** Date of most recent complete physical examination: (Month/Day/Year) \_\_\_\_\_

Are you aware of any current health problems? Yes No  
 Are you now under medical care of taking medicines? Yes No  
 Has there been any surgery, injury, allergy, or change in health status since last complete physical examination? Yes No

Give dates and full details for any YES answers: Use Back of This Form or separate sheet of paper attached hereto

**IS THERE DISEASE OF (OR PAST OR PRESENT HISTORY OF):**

SERIOUS ILLNESS	Yes	No	SERIOUS INJURY	Yes	No	DEFORMITY	Yes	No
SURGERY	Yes	No	SKIN, GLANDS	Yes	No	EARS, EYES	Yes	No
NOSE, SINUS	Yes	No	TEETH, TONSILS	Yes	No	DENTURES	Yes	No
BRIDGE	Yes	No	CHEST, LUNGS	Yes	No	HEART	Yes	No
HEART MURMUR	Yes	No	RHEUMATIC FEVER	Yes	No	APPENDICITIS	Yes	No
STOMACH, BOWELS	Yes	No	KIDNEYS	Yes	No	ALBUMIN	Yes	No
BLOOD SUGAR	Yes	No	KIDNEY INFECTION	Yes	No	BED-WETTING	Yes	No
MENSTRUAL PROBLEMS	Yes	No	HERNIA (RUPTURE)	Yes	No	SLEEPWALKING	Yes	No
BACK, LIMBS, JOINTS	Yes	No	NERVOUS CONDITION	Yes	No	OTHER	Yes	No

**PARENTAL STATEMENT**

Has it ever been necessary to restrict this applicant's activities for medical reasons? Yes No  
 Does the applicant take medicine regularly or have special care? Yes No

If Yes, Explain: \_\_\_\_\_

To the best of my knowledge, the information above is accurate and complete. I give my permission for full participation in the OA Lodge event, subject to the limitations herein. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgment of medical personnel dictates.

**IN CASE OF EMERGENCY,** I understand that every effort will be made to contact me (if an adult, my spouse or next of kin). In the event, I can not be reached, I hereby give permission to the physician selected by the adult leader in charge to secure proper treatment, including, but not limited to hospitalization, anesthesia, surgery, or injections of medications for my child (or for me, if an adult).

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_