



Michigamea Lodge 110-Order of the Arrow-Boy Scouts of America

Section C-3C Last Conclave

September 25th—27th
Out of Many One Was Drawn



What is a Section Conclave?

The Section Conclave is an annual gathering of Arrowmen from the 6 lodges in our section that we work with to help strengthen our program. Some events planned are Lodge Competitions, Training, Ceremony Competitions, and Patch Trading. The purpose of this weekend is to **HAVE FUN**, and enjoy the fellowship with Arrowmen from both Michigamea Lodge as well as the other lodges in the Section. This is The LAST conclave that this section will have until the transfer to the new section 7B

The training sessions at Section Conclaves are some of the best in the nation. They teach leadership skills that one can use in the Order of the Arrow in addition to informing participants about their role in the Order of the Arrow. They are held in the morning of the Conclave and teach both youth and adults different aspects of the Order of the Arrow, ranging from what it means to be an Arrowman to how to run and be a participating member in a successful Lodge and Troop.

The afternoon and evening are dedicated to having fun. This will be the last chance to get together with the 6 lodges in our section so this will be a night in which everyone can celebrate the wonderful years together in this section C-3C. This is a once in a lifetime opportunity and you can be a part of it! So come join Michigamea's contingent to go to the last Section C-3C conclave ever!

HOSTED BY: LOWANEU ALLANQUE LODGE #41

LOCATION: CAMP FREELAND LESLIE — 105 FAWN DRIVE. OXFORD, WISCONSIN, 53952. I-90 & 94 North to Wisconsin 78 to Oxford. Travel North on county A, go west on Fawn Lane to camp entrance approx 21/2 miles from Oxford.

CHECK IN: FRIDAY NIGHT SEPTEMBER 25TH, 7:00 P.M.-11:00 P.M.

CONCLAVE FEE: \$35.00 IF PAID BY SEPTEMBER 16, 2009

LATE FEE: A \$5.00 LATE FEE IS ASSESSED IF PAID AFTER SEPTEMBER 16, 2009

WALK IN FEE IS \$40.00

CAMPING: PLEASE BRING YOUR OWN TENT

MEALS: WILL BE PROVIDED BY LOWANEU ALLANQUE

EQUIPMENT: EACH ARROWMEN IS RESPONSIBLE FOR HIS OR HER OWN CAMPING GEAR. THE FIELD UNIFORM (CLASS A) AND OA SASH ARE THE OFFICIAL UNIFORM FOR THE WEEKEND. ACTIVITY UNIFORMS MAY BE WORN FOR THE AFTERNOON SPORTS COMPETITION AND OTHER ACTIVITIES.

TRADING POST: TRADING POST WILL BE OPEN. CONCLAVE MERCHANDISE AND SNACKS WILL BE AVAILABLE FOR PURCHASE.

TRAVEL ARRANGEMENTS: THE LODGE WILL CAR POOL TO CAMP. TRAVEL ARRANGEMENTS WILL BE TAKEN CARE OF BY JOHN A. BEEBE

EMERGENCY PHONE: CAMP FREELAND LESLIE OFFICE: 608-586-4312

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Section C-3C Last Conclave
September 25th-27th

*Register by:
September 16th*

REGISTRATION FORM/PERSONAL HEALTH AND MEDICAL HISTORY FORM

REGISTRATION INFORMATION: NOTE: ON LINE REGISTRATION IS AVAILABLE AT WWW.OA110.ORG

PLEASE PRINT CLEARLY. THE INFORMATION IS USED TO PRINT CERTIFICATES.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ UNIT: _____ DISTRICT: _____

EMAIL: _____

(CIRCLE ONE) YOUTH OR ADULT

MEMBERSHIP HONOR (DATES IF APPLICABLE)

ORDEAL: _____ BROTHERHOOD: _____ VIGIL: _____



REGISTRATION FEES:

CHECK ONE, PLEASE FILL OUT ONE APPLICATION PER PERSON

_____: LODGE MEMBER \$35.00

_____: LATE FEE (AFTER WEDNESDAY SEPT. 16) \$5.00

TOTAL FEE ENCLOSED = _____

DO YOU NEED A RIDE? YES / NO

-If you need a ride, you must contact Mr. Beebe at transportation@oa110.org or 219-924-8144 to arrange for a ride. All ride requests should be asked for before September 14th to allow us time to find a driver.

IF NO WHO ARE YOU DRIVING WITH? _____

ADULTS THAT ARE DRIVING: Please submit your name, driver's license number, vehicle (year, model, make), number of seat belts, insurance coverage, and a list of name of everyone in your vehicle for the tour permit to John Beebe at transportation@oa110.org.

MAKE CHECKS PAYABLE TO:

CALUMET COUNCIL-BOY SCOUTS OF AMERICA

SUBMIT REGISTRATRIION AND PAYMENT TO THE:

ROBERT J. WELSH SCOUT SERVICE CENTER
 CALUMET COUNCIL, BOY SCOUTS OF AMERICA
 ATTN: ORDER OF THE ARROW
 8751 CALUMET AVENUE
 MUNSTER INDIANA 46321-2593

219-836-1720
 800-513-2343
 FAX 219-836-7973

PLEASE SUBMIT THE REGISTRATION FORM BY FRIDAY SEPTEMBER 16, 2009.

Annual BSA Health and Medical Record

Part A

GENERAL INFORMATION

Name _____ Date of birth _____ Age _____ Male Female
 Address _____ Grade completed (youth only) _____
 City _____ State _____ Zip _____ Phone No. _____
 Unit leader _____ Council name/No. _____ Unit No. _____
 Social Security No. (optional; may be required by medical facilities for treatment) _____ Religious preference _____
 Health/accident insurance company _____ Policy No. _____

**ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD (SEE PART C).
 IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."**

In case of emergency, notify:

Name _____ Relationship _____
 Address _____
 Home phone _____ Business phone _____ Cell phone _____
 Alternate contact _____ Alternate's phone _____

MEDICAL HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma	
		Diabetes	
		Hypertension (high blood pressure)	
		Heart disease (i.e., CHF, CAD, MI)	
		Stroke/TIA	
		COPD	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Learning disorders (i.e., ADHD, ADD)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures	
		Sleep disorders (i.e., sleep apnea)	
		GI problems (i.e., abdominal, digestive)	
		Surgery	
		Serious injury	
		Other	

Allergies or Reaction to:

Medication _____

Food, Plants, or Insect Bites _____

Immunizations:

The following are recommended by the BSA. Tetanus immunization must have been received within the last 10 years. If had disease, put "D" and the year. If immunized, check the box and enter the year received.

Yes	No	Date
<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria _____
<input type="checkbox"/>	<input type="checkbox"/>	Measles _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Rubella _____
<input type="checkbox"/>	<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____
<input type="checkbox"/>	<input type="checkbox"/>	Influenza _____

Exemption to immunizations claimed.

(For more information about immunizations, as well as the immunization exemption form, see Scouting Safely on *Scouting.org*.)

MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.)
 Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
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NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are **NOT expired, including inhalers and EpiPens. You **SHOULD NOT STOP** taking any maintenance medication.**

Emergency contact No.:

Allergies:

DOB:

Last name:

Part C

Parental Informed Consent and Hold Harmless/Release Agreement

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

- Without restrictions.
- With special considerations or restrictions (list)

Talent Release Form

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child 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/videotapes/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.

- Yes No

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

Participant's name _____

Participant's signature _____

Parent/guardian's signature _____
(if under the age of 18)

Date _____

Attach copy of insurance card (front and back) here. If required by your state, use the space provided here for notarization.



BOY SCOUTS OF AMERICA
1325 West Walnut Hill Lane
P.O. Box 152079
Irving, Texas 75015-2079
<http://www.scouting.org>



2008 Printing

Part C **Last name:** _____ **DOB:** _____