



FALL FELLOWSHIP

SEPTEMBER 11, 12, 13, 2009 AT CAMP FRANK S. BETZ

The **2009 Fall Fellowship** will be held on September 11th—13th at Camp Frank S. Betz in Berrien Springs, Michigan. To complete your reservation, submit the attached registration forms and include proper payment to the Calumet Council, Robert J. Welsh Scout Service Center by **Friday, September 4, 2009**, to ensure that we plan for your attendance.

\$20.00 Fee for Lodge Members (including those that did their Ordeal in the Spring of 2009)

\$44.00 Fee for Ordeal Candidates

\$28.00 Fee for Brotherhood Candidates if you did your Ordeal in the Spring of 2007 or prior.

Brotherhood Candidates are Free if you did your Ordeal Spring or Fall of 2008, or Fall of 2007

A \$5.00 LATE FEE WILL BE IMPOSED IF YOUR REGISTRATION FORM IS NOT PAID IN FULL AT THE COUNCIL OFFICE BY THE CLOSE OF BUSINESS ON TUESDAY, SEPTEMBER 8TH. Don't forget to allow time for the post office, if you mail it.

**Register by:
September 4th**

Fees include all meals, cracker barrels, supplies, and building materials for projects. The Ordeal Candidates fee includes 2009 dues and the cost of the event they completed their Brotherhood, if done within the next 24 months. Ordeal Candidates also receive a Lodge Pocket Flap, Order of the Arrow Sash, Ordeal Certificate, and Handbook. The Brotherhood Candidates will receive their Lodge Brotherhood Pocket Flap, Sash, and Brotherhood Certificate. Youth Ordeal Candidates that have a financial need can contact Ted Karns at the Council Office for information on our need based Ordeal Scholarship.

Suggested Equipment: Members, in the Scout fashion, will bring their own tents and personal gear, including full Class A Scout uniform including shorts. The Ordeal Candidates will especially need a ground cloth, sleeping bag, rain gear, work gloves, and work clothes. Be prepared to help with one or more of the various work-projects that need to be completed. We are always in need of craftsmen and their tools. We suggest bringing work clothes, gloves, and tools. A list of projects to be worked on will be posted to the lodge web site about two weeks prior to the event.

Personal Health and Medical History Forms: All participants must submit the enclosed Personal Health and Medical History Form. The form must be submitted at the time of registration. The form does not require a doctor's examination or signature.

Emergency Numbers: Camp Frank S. Betz, Pine Tree Cabin, 269/471-9429
Robert J. Welsh Service Center 800/513-2343 or 219/836-1720

Brotherhood Conversion: Complete the following requirements and you may be eligible to seal your membership in the Order and enter the Circle of Brotherhood:

- Complete 10 months of service as an Ordeal Member.
- Be a registered and active member of a Scouting Program/Unit.
- Be a registered and active member (dues paid) in the Michigamea Lodge #110, Order of the Arrow.
- Memorize the signs of Arrow Membership: Obligation, Official Song, and Admonition.
- Submit a letter stating the following: Explain what you think the Obligation means; Describe how you have been fulfilling this Obligation in your troop/team and in your daily life, and how you have used your understanding of the Ordeal to aid in this service; and describe your specific plans for giving service in the lodge program.

Eligible Brotherhood Candidates can receive assistance and training at the "Brotherhood Workshop" scheduled for Saturday Afternoon. Participants will review requirements during the workshop and be allotted time to edit and modify their Brotherhood letters.

Policy for Activities – Adult Supervision: All youth members (under the age of 18) who are attending the Fellowship must be accompanied by a registered adult member of the Order of the Arrow, who is responsible for that youth during the entire event. The responsibility for assuring that an adult member accompanies youth members is vested in the unit leader, in which the youth is registered. Chapter Advisers are to be consulted when arrangements beyond the unit level are needed. If necessary, special arrangements can be coordinated through the Lodge Adviser or Professional Adviser.

In the consideration of the benefits to be derived by the participation in the Michigamea Lodge Fellowship program, I hereby release and hold harmless the Michigamea Lodge Advisor, Associates Advisors, Chapter Advisors, the Calumet Council - Boy Scouts of America, their officers, employees, volunteers or agents, and any medical treatment personnel selected, from any and all liability or damages including accidental injury or illness, which may result from the participant's voluntary attendance in this program. I consent to the use of my son's image and likeness by photograph, recording, video, etc. in promotion materials for Boy Scout of America and Calumet Council and may be posted on the Calumet Council and Michigamea Lodge web site.

MICHIGAMEA LODGE #110 – ORDER OF THE ARROW, BOY SCOUTS OF AMERICA

FALL FELLOWSHIP

SEPTEMBER 11, 12, & 13, 2009 AT CAMP FRANK S. BETZ

Register by:
June 5th

REGISTRATION INFORMATION: NOTE: ON LINE REGISTRATION IS AVAILABLE AT [WWW.OA110.ORG](http://www.0a110.org)

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

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ UNIT: _____ DISTRICT: _____

EMAIL: _____

YOUTH OR ADULT _____

MEMBERSHIP HONOR (DATES IF APPLICABLE) (DOES NOT APPLY TO ORDEAL CANDIDATES)

ORDEAL: _____ BROTHERHOOD: _____ VIGIL: _____



Please pay your 2009 Dues prior to the event. Forms can be downloaded at www.0a110.org

Submit one form per person attending.

REGISTRATION FEES:

CHECK ONE, PLEASE FILL OUT ONE APPLICATION PER PERSON

_____: LODGE MEMBER (& ORDEAL SPRING 2009) \$20.00

_____: ORDEAL CANDIDATE (NEWLY ELECTED) \$44.00

_____: BROTHERHOOD CANDIDATE
ORDEAL MEMBER SPRING 2007 OR PRIOR \$28.00

_____: BROTHERHOOD CANDIDATE-
SPRING & FALL 2008/FALL 2007
ORDEAL MEMBER No CHARGE

_____: LATE FEE (AFTER TUESDAY SEPT 8TH) \$5.00

TOTAL FEE ENCLOSED = \$ _____

MAKE CHECKS PAYABLE TO:

CALUMET COUNCIL-BOY SCOUTS OF AMERICA

SUBMIT REGISTRATRIION AND PAYMENT TO:
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 ATTACH A PHOTO COPY OF YOUR ANNUAL BSA HEALTH AND MEDICAL RECORD PARTS A&B TO THIS FORM.

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>



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