



**MICHIGAMEA LODGE #110 – ORDER OF THE ARROW, BOY SCOUTS OF AMERICA**  
WWW.OA110.ORG

# SPRING FELLOWSHIP

**JUNE 11, 12, & 13, 2010 AT CAMP FRANK S. BETZ**

The **2010 Spring Fellowship** will be held on June 11<sup>th</sup> – 13<sup>th</sup> 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, June 4, 2010**, to ensure that we plan for your attendance.

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

**\$44.00 Fee for Ordeal Candidates**

**\$28.00 Fee for Brotherhood Candidates if you did your Ordeal in Fall of 2007 or prior**

**Brotherhood Candidates are Free if you did your Ordeal Spring of 2009, or Spring or Fall of 2008.**

**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, JUNE 8. Don't forget to allow time for the post office, if you mail it.**

Register by:  
June 4th

Fees include all meals, cracker barrels, supplies, and building materials for projects. The Ordeal Candidates fee includes 2010 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.

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**JUNE 11, 12, & 13, 2010 AT CAMP FRANK S. BETZ**

Register by:  
June 4th

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 2010 Dues prior to the event. Forms can be downloaded at [www.0a110.org](http://www.0a110.org)

Submit one form per person attending.

**REGISTRATION FEES:**

CHECK ONE, PLEASE FILL OUT ONE APPLICATION PER PERSON

- \_\_\_\_\_: LODGE MEMBER (BROTHERHOOD, VIGIL & ORDEAL FALL 2009) \$20.00
- \_\_\_\_\_: ORDEAL CANDIDATE (NEWLY ELECTED) \$44.00
- \_\_\_\_\_: BROTHERHOOD CANDIDATE ORDEAL MEMBER FALL 2007 OR PRIOR \$28.00
- \_\_\_\_\_: BROTHERHOOD CANDIDATE- SPRING 2009/SPRING AND FALL 2008 ORDEAL MEMBER AND NOT DONE BROTHERHOOD YET No CHARGE
- \_\_\_\_\_: LATE FEE (AFTER TUESDAY JUNE 9TH) \$5.00

*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

**TOTAL FEE ENCLOSED = \$**

PLEASE ATTACH A PHOTO COPY OF YOUR ANNUAL BSA HEALTH AND MEDICAL RECORD PARTS A&C.

COUNCIL EVENT CODE: 900128

# 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"/>
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"/>

**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**

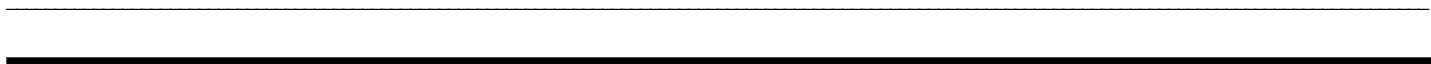
**Parental Informed Consent and Hold Harmless/Release Agreement**

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)

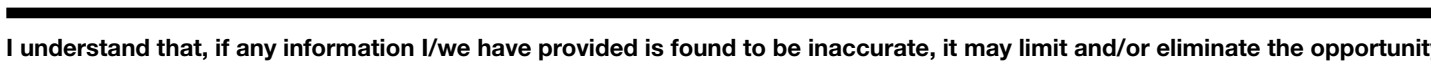


**Talent Release Form**

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.**

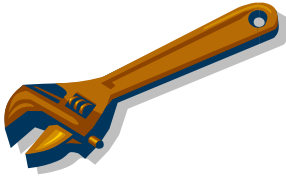


BOY SCOUTS OF AMERICA  
1325 West Walnut Hill Lane  
P.O. Box 152079  
Irving, Texas 75015-2079  
<http://www.scouting.org>



2008 Printing

**Part C**    **Last name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_



# WANTED: TOOLS



The Camp Betz committee is looking for tools and construction materials for camp. During the fellowships, we never seem to have enough tools to complete all the tasks. During the last few years, most of the tools have been lost, damaged or misplaced. The remaining tools are scattered throughout the barn. It is time to replenish and organize our tool stock. The goal is to create a fully stocked workshop in the barn. **We need your help to meet this goal!**

We need the following items, new or used. You can drop them off at Council, bring them with you to the fellowship, or call Stan (708-895-4603) to arrange pick-up.

- Rolling tool cart (currently no place to store the tools)
- Tool chests (currently no place to store tools)
- 3-ton floor jack and jack stands (to work on the plow truck and camp truck)
- Log splitter: hydraulic or manual
- Screw drivers (assortment)
- Wrenches (open end, box, adjustable), channel locks, pliers, ect.
- Complete socket sets – ¼”, 3/8” ½” and ¾” (to work on tractor)
- Cordless and power drills, saws, sawzall, hack saws and blades
- Drill bits – any size, masonry, hole saws
- Tape measures and levels
- Extension cords and trouble lights
- Claw hammers, sledge hammers, mauls, long axe handles
- Wheel barrels and garden carts
- Garden tools – shovels, rakes, hoes, weed cutters
- Power lawn mover
- Tow strap, tow chains
- ***Anything else you are willing to donate***

## Construction Materials

- 2 x 4s, 2 x 6s, 2 x 8s, 1 x 2s, 1 x 4s
- 4 x 8 sheets of plywood ½ inch or thicker
- Rebar
- Threaded rod
- PVC pipe and fittings (3/8” to 1 ½ “), valves
- ¾” and 1” plastic water line and fittings
- Hose clamps
- Paint brushes and rollers