



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

# LODGE EXTRAVAGANZA

10:40 PM FRIDAY, JANUARY 30, 2009

TO

6:00 AM SATURDAY, JANUARY 31, 2009

Location: **Omni 41**  
221 South Route 41 (Indianapolis Blvd.)  
Suite A, Schererville, IN, 46375

**Register by January 17, 2009  
at the Council Office.**

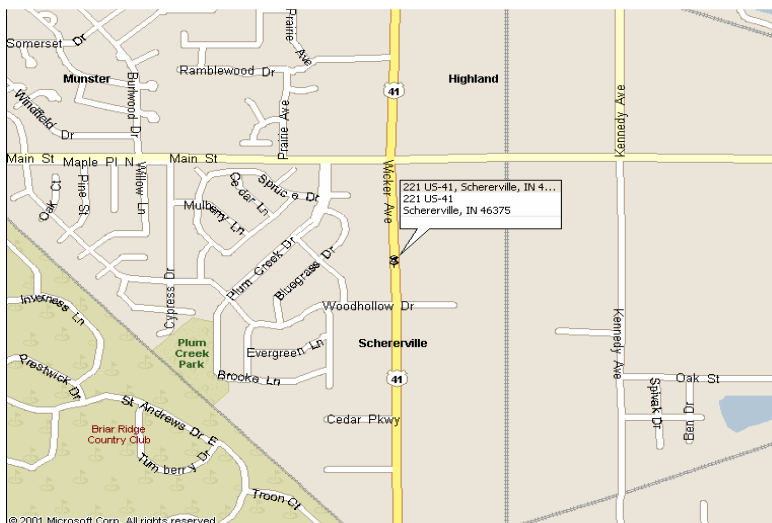
Highlights: **FUN, FUN, FOOD AND MORE FUN!!**  
**Basketball, Volleyball, Dodge ball, Kickball, Movies,  
Roller-skating (skates are included), Swimming,  
Racquetball, and Video Games**

**Cost: \$17.00 per person. Late fee of \$5 after  
January 23rd.** (Price includes skates, equipment,  
pool, pizza, soda, and tons of fun.)

**Adults over 21 are FREE!!**  
**Adults are needed to help oversee this event.**  
**We encourage you to have one adult attend for  
every 6 youth from the unit that attends.**

Who can attend: All Dues paid Order of the Arrow  
members and Boy Scouts who attend as the guest  
of a OA member in attendance.

For more information contact Leo Aldana at  
[aldanaleo@yahoo.com](mailto:aldanaleo@yahoo.com)



## 2009 OA Lodge Extravaganza Registration Form

Unit # \_\_\_\_\_ District # \_\_\_\_\_ Name \_\_\_\_\_ O/A Member Y N  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Non O/A Member Guest of \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_ email \_\_\_\_\_ Adult over 21 years Y N are FREE

\$17.00 + Late fee of \$5.00 after January 20th = \$ \_\_\_\_\_ Total Enclosed \$ \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Attached form from OMNI 41 must be turned in at time of registration (see back of this form)

# OVERNIGHTER



Please Print Participant Info:

NAME - \_\_\_\_\_ DATE OF BIRTH - \_\_\_/\_\_\_/\_\_\_

STREET ADDRESS - \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE# (\_\_\_\_) \_\_\_\_\_

**Waiver and Release.** You agree that if you engage in any physical exercise or activity or use any Club facility, you do so at your own risk. This includes, without limitation, your use of any locker room, pool, whirlpool, sauna, steam room, cardio theatre, weight room, aerobics classroom, racquetball court, basketball court, tennis court, parking area, sidewalk or any equipment in the Club and it also includes your participation in any activity, tournament, class, program or instruction associated in any way with the Club either at the Club's location or elsewhere. You agree that you are voluntarily participating in these activities and using these facilities and premises and assume all risk of injury, illness, disease, damage or loss to you or your property that might result, including, without limitation, any loss, theft of or damage to any personal property. You agree on behalf of yourself (and your personal representatives, heirs, executors, administrators, agents and assigns) to release and discharge the Sisters of St. Francis Health Services, Inc. d/b/s Omni 41 Health & Fitness Connection and d/b/s Saint Margaret Mercy and any affiliates, employees, agents, representatives, successors and assigns of the foregoing (collectively, "Releasees") from any and all claims or causes of action (known or unknown) arising out of any Releasee's negligence or other fault. This Waiver and Release of liability includes, without limitation, injuries which are alleged to have resulted from any Releasee's negligence or other fault or which may occur as a result of or in connection with (a) your use of any exercise equipment or facilities which may malfunction or break; (b) any Releasee's alleged improper maintenance of or failure to maintain any exercise equipment or facilities; (c) any Releasee's alleged negligent instruction or supervision; or (d) your slipping, tripping or falling while in the Club or on the Club's premises. You acknowledge that you have carefully read this Waiver and Release and fully understand that it is a complete release of all liability. You are waiving any right that you may have to bring a legal action to assert a claim against Releasee's negligence or other fault. Member or Guest agrees to indemnify Releasees for all reasonable attorneys' fees and costs incurred in enforcing this paragraph in the event that Member or Guest sues one or more of the Releasees. The provisions in this Waiver and Release shall survive termination, cancellation or expiration of any activity or event with respect to which it was signed.

The undersigned has read and agrees to abide by and cause family members and guests to abide by, the rules and regulations of the Club as they now exist and as they may be amended or supplemented.

Participant's Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
(Parent/Guardian's Signature if Participant is under the age of 18.)

## CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY (To be filled out annually by all participants)

To be filled out by parent, guardian, or adult participant. Please print in ink.

### IDENTIFICATION

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Name of parent or guardian \_\_\_\_\_ Telephone \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If person named above is not available in the event of an emergency, notify

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Name of personal physician \_\_\_\_\_ Telephone \_\_\_\_\_

Personal health/accident insurance carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

I give permission for full participation in BSA programs, subject to limitations noted herein.

**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 I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

Date \_\_\_\_\_ Signature of parent/guardian or adult \_\_\_\_\_

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:** Yes No Yes No Yes No

ADHD (Attention-Deficit Hyperactivity Disorder)	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions/seizures	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>

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

Please list ALL medications taken in the 30 days prior to arrival at the Scouting activity where this form is to be used: \_\_\_\_\_

List any medications to be taken at camp: \_\_\_\_\_

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: \_\_\_\_\_

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: \_\_\_\_\_

**Immunizations:** (Give date of last inoculation.)

Tetanus toxoid _____	Measles _____	Polio _____
Diphtheria _____	Mumps _____	_____
Pertussis _____	Rubella _____	_____

CLASS MEDICAL EVALUATION