TUTELO LODGE

2019 Function Registration & Dues Form

OFFICIAL USE ONLY

Date received at BRMC Office: _____ Amount Received: $_____

☐ WALK-IN (paid at function) Amount Received w/Late Fee: $_____

PARTICIPANT INFORMATION

ONLY ONE PERSON PER FORM -- PLEASE PRINT CLEARLY

PARTICIPANT'S NAME _____ (FIRST / MIDDLE / LAST) **BSA ID #** (REQUIRED) _____

ADDRESS _____ **CITY** _____ **ST** _____ **ZIP** _____

PRIMARY PHONE _____ **EMAIL** _____ **GENDER** ☐ MALE ☐ FEMALE

BIRTHDATE ____/____/____ (MONTH / DAY / YEAR) **HONOR LEVEL** ☐ Ordeal ☐ Brotherhood ☐ Vigil (NOT APPLICABLE FOR ORDEAL CANDIDATES)

CHAPTER/DISTRICT ☐ Koo Koo Ku Hoo/Piedmont ☐ Lappilennin/Patrick Henry ☐ Mingo/Great Valley ☐ Moneton/New River ☐ Tuscarora/Dan River ☐ Wil Kip Jo/Mtn Empire

☐ **TROOP** ☐ **PACK** ☐ **CREW** **UNIT #** _____ **ARE YOU AN OA TROOP REP?** ☐ YES ☐ NO **FOOD ALLERGIES:** _____

EMERGENCY CONTACT NAME _____ **EMERGENCY CONTACT PHONE** _____

2019 MEMBERSHIP DUES

DUES MUST BE CURRENT TO ATTEND EVENTS & WEAR LODGE FLAP

2019 dues are $15.00 (If you took [or are taking] your Ordeal in 2019, your dues for this calendar year are included in your Ordeal Fee)

OR CONSIDER A 2019 ANNUAL PASS!

SAVE MONEY! INCLUDES ALL FUNCTIONS & 2019 DUES!

ANNUAL PASS FEE $125.00 Choose this convenient option to pre-pay your lodge dues and all functions/events at once!

Please RSVP for Winter Banquet by calling Scout Office. **For current members only (not Ordeal Candidates).**

Must be paid by 4/30/19. Enter $125 to right and skip to "Payment Info" below.

FUNCTION REGISTRATION

YOU MAY ALSO REGISTER FOR FUNCTIONS & PAY DUES ONLINE AT TUTELO161.ORG

		PARTICIPANT FEE For current members only	ORDEAL FEE If taking Ordeal, pay *ONLY* this fee*	TAKING YOUR BROTHERHOOD? Check if you will have been an Ordeal member for 10 months and wish to seal your membership in the OA. More info at tutelo161.org/brotherhood	EARLY REGISTRATION DISCOUNT Council Office must *receive* by 5pm this day:	AMOUNT PAID
Spring Ordeal	**May 10-12**	**$25.00**	**$60.00**	☐	**5/3/19 -$5.00**	
Summer Ordeal	**May 31 - Jun 2**	**$25.00**	**$60.00**	☐	**5/24/19 -$5.00**	
Fall Ordeal	**Sept. 6 - 8**	**$25.00**	**$60.00**	☐	**8/30/19 -$5.00**	
Fall Fellowship	**Oct. 11 -13**	**$25.00**			**10/4/19 -$5.00**	
Winter Banquet	**Dec. 14**	**$35.00**			**12/6/19 -$5.00**	
*Your Ordeal fee includes meals and materials for your Ordeal, your dues for the current calendar year, and future Brotherhood materials					**Subtotal**	$ 0.00

PAYMENT INFORMATION

MUST BE RECEIVED BY THE DATE/TIME ABOVE TO GET EARLY DISCOUNT

SELECT PAYMENT METHOD: **TOTAL (add all subtotals above)** $ 0.00

☐ **CASH**
Hand-deliver to Council Office at 2131 Valley View Blvd, NW in Roanoke or bring to function (do not mail cash)

☐ **CHECK**
Make checks payable to "BSA" and mail to BRMC, 2131 Valley View Blvd, NW, Roanoke, VA 24019

☐ **CREDIT CARD**
Fax to 540-265-0659 or mail to Council Office
Card # _____ **Exp.** ____/____
Name on Card: _____ **Security Code #** _____

ADDITIONAL INFORMATION

BE SURE TO VISIT WWW.TUTELO161.ORG FOR INFORMATION & UPDATES!

ORDEAL CANDIDATES: Report to the camp dining hall (or other designated location) to check in Friday evening. Please stay through breakfast and the lodge meeting Sunday morning. Gear needed for Friday night and Saturday: work clothes and gloves, water bottle, sleeping bag, and ground cloth (pack these items separately from other gear). For Saturday night, bring toiletries, towel, change of clothing, flashlight, tent, "class A" (field) uniform, and money for the Trading Post. For more info, visit tutelo161.org/ordeal

BROTHERHOOD CANDIDATES: For more information on how to prepare for your Brotherhood experience, visit tutelo161.org/brotherhood

MEDICAL FORMS: ALL participants must bring a completed BSA Medical Form (Part A & B only) to each function. Forms may be downloaded from tutelo161.org/docs

EVENT INFORMATION: For additional information on events, including times and directions, visit **www.tutelo161.org**

Form version 3/12/19

Part A: Informed Consent, Release Agreement, and Authorization

A

Full name: _____

DOB: _____

High-adventure base participants:
Expedition/crew No.: _____
or staff position: _____

Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. 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 protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/ Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes 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.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby 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 liability from such use and publication. I further 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 BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

! **NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.** !

List participant restrictions, if any: ☐ **None**

_____

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. If I am participating at Philmont, Philmont Training Center, Northern Tier, Florida Sea Base, or the Summit Bechtel Reserve, I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Second parent/guardian signature for youth: _____ Date: _____

(If required; for example, California)

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:

You must designate at least one adult. Please include a telephone number.

Name: _____

Telephone: _____

Name: _____

Telephone: _____

Adults NOT Authorized to Take Youth To and From Events:

Name: _____

Telephone: _____

Name: _____

Telephone: _____

Part B: General Information/Health History

B

Full name: _____

DOB: _____

High-adventure base participants:
Expedition/crew No.: _____
or staff position: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Telephone: _____

Unit leader: _____ Mobile phone: _____

Council Name/No.: _____ Unit No.: _____

Health/Accident Insurance Company: _____ Policy No.: _____

! **Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.** !

In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
☐	☐	Diabetes	**Last HbA1c percentage and date**:
☐	☐	Hypertension (high blood pressure)	
☐	☐	Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
☐	☐	Family history of heart disease or any sudden heart-related death of a family member before age 50.	
☐	☐	Stroke/TIA	
☐	☐	Asthma	**Last attack date**:
☐	☐	Lung/respiratory disease	
☐	☐	COPD	
☐	☐	Ear/eyes/nose/sinus problems	
☐	☐	Muscular/skeletal condition/muscle or bone issues	
☐	☐	Head injury/concussion	
☐	☐	Altitude sickness	
☐	☐	Psychiatric/psychological or emotional difficulties	
☐	☐	Behavioral/neurological disorders	
☐	☐	Blood disorders/sickle cell disease	
☐	☐	Fainting spells and dizziness	
☐	☐	Kidney disease	
☐	☐	Seizures	**Last seizure date**:
☐	☐	Abdominal/stomach/digestive problems	
☐	☐	Thyroid disease	
☐	☐	Excessive fatigue	
☐	☐	Obstructive sleep apnea/sleep disorders	**CPAP: Yes** ☐ **No** ☐
☐	☐	List all surgeries and hospitalizations	**Last surgery date**:
☐	☐	List any other medical conditions not covered above	

Part B: General Information/Health History

B

Full name: _____

DOB: _____

High-adventure base participants:
Expedition/crew No.: _____
or staff position: _____

Allergies/Medications

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain
☐	☐	Medication	
☐	☐	Food	
☐	☐	Plants	
☐	☐	Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

☐ **CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN.**

☐ **IF ADDITIONAL SPACE IS NEEDED, PLEASE INDICATE ON A SEPARATE SHEET AND ATTACH.**

Medication	Dose	Frequency	Reason

☐ **YES** ☐ **NO** **Non-prescription medication administration is authorized with these exceptions:** _____

Administration of the above medications is approved for youth by:

_____ / _____

Parent/guardian signature **MD/DO, NP, or PA signature (if your state requires signature)**

! **Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.** **!**

Immunization

The following immunizations are recommended by the BSA. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
☐	☐	☐	Tetanus	
☐	☐	☐	Pertussis	
☐	☐	☐	Diphtheria	
☐	☐	☐	Measles/mumps/rubella	
☐	☐	☐	Polio	
☐	☐	☐	Chicken Pox	
☐	☐	☐	Hepatitis A	
☐	☐	☐	Hepatitis B	
☐	☐	☐	Meningitis	
☐	☐	☐	Influenza	
☐	☐	☐	Other (i.e., HIB)	
☐	☐	☐	Exemption to immunizations (**form required**)	

Please list any additional information about your medical history:

DO NOT WRITE IN THIS BOX
Review for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: ☐ Yes ☐ No

Reason: _____

Approved by: _____

Date: _____