



Amangi Nacha Lodge 2008 Ordeal *Candidate* Registration



Mail Form to: Amangi Nacha Lodge Ordeal
Golden Empire Council
3302 Bechelli Lane
Redding, CA 96002

Please Print!

Name _____ Unit _____ Birth Date _____

Address _____ Phone (_____) _____

City _____ Zip _____ District _____

E-mail _____ Newsletter (circle one): Email OR Bulk Mail

For complete information on each Ordeal or to pay on line visit <http://oa.gec-bsa.org/>
Ordeal contact information on the back of this form.

You may attend any Ordeal you wish, but you're encouraged to attend the Ordeal assigned to your District if possible.
Please note deadline dates; THERE IS A \$20.00 CHARGE FOR ON-SITE REGISTRATION!

Check In time is no earlier than 6:30 PM Friday evening (NO SATURDAY CHECK-IN)

Check the Ordeal you plan to attend.

- | | | | | |
|--------------------------|------------|------------------------------|--|--------------------------|
| <input type="checkbox"/> | May 16-18 | Camp Lassen | Ranchero West, Northern Rivers,
& Pioneer Districts | DEADLINE: May 10, 2008 |
| <input type="checkbox"/> | June 6-8 | Camp Winton | Amador, El Dorado, Soaring Eagle, River City ,
Yolo, & Trailblazer Districts | DEADLINE: June 2, 2008 |
| <input type="checkbox"/> | June 27-29 | Camp Cole | Buttes Area, Gold Country, IronHorse,
Sierra Gateway , Pony Express,
& Rio Del Oro Districts | DEADLINE: June 20, 2008 |
| <input type="checkbox"/> | Aug 15-17 | Lodge Ordeal
Location TBA | Golden Empire Council | DEADLINE: August 8, 2008 |

You may attend any Ordeal you wish, but you're encouraged to attend the Ordeal assigned to your District if possible.

FEES: \$31.00 per Ordeal candidate (Covers food, OA handbook, Lodge flap, Ordeal sash and dues through the end of the current year).

NOTE: Registration at an Ordeal (on site) is \$51..00

TOTAL FEES ENCLOSED: \$ _____

Make check payable to "Amangi Nacha Lodge" and **mail to the above address only!**

MEDICAL RELEASE: Must be completed for all members under 18 years of age. **Please include or bring to the Ordeal a copy of the youth's health history form.**

MUST ALSO TURN IN MEDICAL RELEASE FORM ON BACK

Amangi Nacha Lodge #47
Golden Empire Council
2008 Medical Release & Talent Release Consent Form

For youth under age 18:

I/We, _____, do hereby give consent for _____
(Parent(s)/Guardian Name) (Scout's Name)

to participate in all OA activities for calendar year 2008, effective _____ (date).

I/We, the undersigned, parent or guardian of said minor, do hereby authorize the Adult Leader(s) in charge as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis of treatment and hospital care which deem advisable by, and is to be rendered by or under the general or specific supervision of any physician and/or surgeon licensed under the Medical Practices Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care required, but is given to provide authority on the part of aforesaid agent for treatment deemed advisable. Adult leader(s) will make every effort to contact the Parent(s) or Guardians as soon as possible. I also give my permission for the adult leader to treat minor injuries or illnesses while at the event.

In case of an accident or illness and medical attention is required for my/our adolescent/ward, it should be obtained and I/we accept full responsibility for all expenses occurred. I/we waive all claims against the leaders and officers of this activity, agents, and representatives of the Boy Scouts of America.

I hereby assign and grant to the Boy Scouts of America the right and permission to use and publish the photographs/film/video tapes/electronic representations and/or sound recordings made of me this date 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/video tapes/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.

Name(s): _____
Printed parent or guardian Printed parent or guardian

Signed: _____

Date: _____ Telephone: _(_____)_____

Family Doctor: _____ Telephone: _(_____)_____

Ordeal Contact Information

Lassen Ordeal Adviser Dennis Boyle 916-726-8614 Bobwhiteplate@surewest.net	Winton Ordeal Adviser John Ganaway 707-678-5437 ganaway@gmail.com	Cole Ordeal Adviser Rob Conlin 916-712-9688 hrconlin@surewest.net	Lodge Ordeal Adviser Ed Gibson 916-743-8365 gibsonep@yahoo.com
Lodge Inductions Adviser Ed Gibson 916-743-8365 gibsonep@yahoo.com	Lodge Adviser Teddy Green 707-290-7895 tedgreen@charter.net		