

REGISTRATION FORM

Siwinis Lodge Potlach 2008

September 26-28, 2008 Forest Lawn Scout Reservation @ Circle X Ranch at Big Horn
23607 Hook Creek Road, Cedar Glen CA,

Chapter Membership Information

Indicate the Chapter to which you Belong - Membership & Dues must be current

- Lakota Chapter, Wappo Chapter, Serrano Chapter, Wiyot Chapter, Hopi Chapter, Apache Chapter

1. PERSONAL INFORMATION

Form fields for personal information including Last Name, First Name, Middle Initial, Mailing Address, City, State, Zip Code, Home Phone Number, Date of Birth, Check One (Youth/Adult), Honor (Ordeal/Brotherhood/Vigil), Current Chapter / Lodge Leadership Position, and E-Mail Address.

2. PHYSICAL / MEDICAL LIMITATIONS

- Wheelchair, Special Food Needs (specify), Condition Requiring Waivers (see statement of understanding on reverse side) Please explain on page 2

Please explain any conditions that require special need or care:

Blank lines for explaining medical conditions.

I have read and understand the STATEMENT OF UNDERSTANDING printed on page two of this form.

Signed and dated this ___/___/2008

Participant Signature field

Parent Signature (If Participant is under 18) field

3. PAYMENT SCHEDULE

- Participant Fee

** Turned In To Lodge By Sept. 22, 2008

- CASH, CHECK - Make checks payable to: BSA, Check#

Early Bird Special** \$15.00

Standard Fee \$25.00

- Attending Vigil Breakfast

Please Notify your Chapter Chief You Are Attending

- Hopi - Thunderbird, Serrano - San Antonio, Lakota - Pacifica, Wappo - Frontier, Apache - North Star, Wiyot - Rio Hondo

Please Send Your Form & Payment to the Lodge Associate Adviser for Finance, Linda Sickler:

Linda Sickler
5039 W. 132nd St.
Hawthorne, CA 90250

STATEMENT OF UNDERSTANDING

I certify to the accuracy of the foregoing information that I am in good health and know of no personal physical limitations that would prevent my full participation in Lodge Potlach.

I have read the Siwinis Lodge Rules of Conduct listed below and agree to the rules and regulations therein. I understand that if I am under the age of 18 during my participation, I will be responsible to my adult adviser, and he/she is the legal guardian.

In the event of illness or injury to me or to the youth member named on the front of this application (if participant is under 18, and you are the legal or natural guardian) during the Lodge Potlach, I do hereby give consent for treatment. I hereby authorize physicians and their associates to perform such diagnostic, medical, and/or surgical treatment of my son or myself as may be deemed medically necessary in order to assure the safety of my son or myself. It is distinctly agreed and understood that the physicians and their associates shall not be responsible in any way for any consequences resulting from said diagnostic, medical, and/or surgical treatment and are fully released from all claims and demands whatsoever which may arise, grow out of, or be incident to such diagnosis, treatment, or surgery insofar as the law allows. I agree to indemnify and hold harmless the; physicians, employees, representatives, officers and agents from any and all consequences of such treatment, diagnosis, or surgery provided these duties are performed with ordinary care and to the best of their ability.

PLEASE EXPLAIN ANY CONDITIONS REQUIRING SPECIAL NEEDS OR CARE:

MEDIA RELEASE

I release any and all video, audio or photographs of myself or my son for the use of the Boy Scouts of America in any advertisements or promotions of the Order of the Arrow.

Siwinis Lodge Potlach 2008 CODE OF CONDUCT

The general welfare of any group depends on the conduct of each individual member. This ensures the success of our Lodge Potlach and provides the maximum benefit to every participant. As an Arrowman, I understand this and support the reasonable demands of conduct expected of me.

- 1. Observe the Scout Oath or Promise, the Scout Law and the Order of the Arrow obligation.
- 2. Wear my official uniform and official Section Conclave identification throughout Section Conclave.
- 3. Attend all planned sessions and activities.
- 4. Be personally responsible for breakage, damage, or loss of property.
- 5. Only park in the designated parking areas while at the Potlach site.
- 6. Follow the Boy Scouts of America’s policy on smoking.
- 7. Understand that the purchase, possession, or consumption of alcoholic beverages or illicit drugs at Lodge Potlach and will not be permitted and will result in immediate dismissal from the Potlach. This standard shall apply to all youth and adult participants. Compliance with state law and site regulations will apply at all times.
- 8. Comply with federal, state and city laws and site regulations, including those which prohibit the use of fireworks, personal firearms, and gambling. Infraction of these laws and regulations will be cause for immediate dismissal from the Section Conclave.

I agree to the above Code of Conduct _____ Scout or Scouter

I have read the above Code of Conduct and am aware of what my son has agreed to _____
If under 18 – Parent Signature



**SIWINIS LODGE 252
POTLATCH
“SPEEDY SAMMY”
September 26 – 28, 2008**



**Forest Lawn Scout Reservation
29485 Hook Creek Road
Cedar Glenn, CA. 92321**

**Registration – By 8:00 p.m. on Friday
Program – Friday 9:00 p.m. – Sunday 10:00 a.m.**

Cost of the Event

**On-time (Post Marked by 9/19/08 or Received by 9/22/08) - \$15.00
Late - \$25.00**

Acquire Brotherhood Membership – Additional \$15.00 (for Sash)

**Send to: Linda Sickler
5039 W 132nd St.
Hawthorne, CA. 90250**

**Meals = Saturday – Breakfast, Lunch, Dinner
Sunday – Breakfast**

Expected Uniforming = Full Class “A” Uniform and OA Sash

Transportation to and from the event is the responsibility of the individual scout. If not transported by parent, permission slip should be signed and carried by vehicle operator.

Age 17 and under must complete and bring activity permission slip and copy of standard “Class 1” medical form.

**For Complete Details, Contact:
Smith Molina (Executive Vice Chief) – 310-632-1274
Kyle Keller (Adviser) – 562-944-7992**

**Lodge Chief – Charles Pickering – 323-540-9505
Lodge Adviser – Bob Ulrich – 562-947-8125
Lodge Deputy Adviser – Rick Ussery – 562-861-6679**

SIWINIS LODGE 252
Los Angeles Area Council - Boy Scouts of America
Lodge Potlatch
September 26 - 28, 2008

This form must be completed for each youth attending the event. (17 yrs and under)
(A COPY OF THE STANDARD BSA "CLASS 1" MEDICAL FORM MUST BE INCLUDED)

Name: _____

Address: _____

Date of Birth: _____

Emergency Contact Phone Number: _____

1- Permission to Attend and Photo Release **Parent Initial:** _____

Note: Participant may not attend the event if this section is not approved.

The above is authorized to attend the event listed above. I approve of the unit leaders who will be in charge of the care and supervision of my child. I also certify to the best of my knowledge the above is physically fit to engage in this activity. Listed below are conditions requiring special needs or care. Authorization is hereby given that any pictures taken of the above may be released and used for official use by the Boy Scouts of America.

Special Needs (if applicable): _____

2- Permission to Participate in Shooting Sports Activities **Parent Initial:** _____

The above does hereby have permission as required by California Penal Code Section 12522 to the 'BSA', and to the certified instructors meeting the requirements for instructors established by the Boy Scouts of America (National) to furnish a firearm, BB Gun, Shotgun, .22 Rifle, Black Powder Rifle, Air Rifle, Pellet Gun, CO2 Gun, Ammunition or Archery related equipment to said minor for the purpose of instructing him in the safe handling of firearms, safe shooting, and marksmanship.

3- Permission to Participate in Climbing Wall Activity **Parent Initial:** _____

The above does hereby have permission to participate in the Climbing Wall program offered through the 'BSA'. I understand that participation involves a certain degree of risk that could result in injury or death. This is my consent to participate, and waive all claims I may have against 'BSA', it's climbing instructors and program.

4- Permission for Medical Treatment **Parent Initial:** _____

Note: Participant may attend this event if this section is not approved; however, in case of emergency the youth will be transported to an emergency medical facility and the parent/guardian notified; parent/guardian then will deal directly with medical facility. Treatment will be limited until parent/guardian authorization is received.

Pursuant to California Civil Code, Section 25.8 the undersigned does/do hereby authorize the adult leaders of my child's Scouting unit, medical personnel or staff or such substitutes as they may delegate as agent for the undersigned to consent to an x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the provision of the Medicine Practice Act or any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at the hospital, Scout Camp; or elsewhere. This authorization will remain effective while the above minor is enroute to or from or participating in any Boy Scout program or activity unless revoked in writing by the undersigned, and delivered to the aforesaid agent.

(A COPY OF THE STANDARD BSA "CLASS 1" MEDICAL FORM MUST BE INCLUDED)

Medical Insurance Information:

Company/Provider: _____ Policy/Group # _____

Signatures of Parent or Legal Guardian

Primary: _____ Date: _____

Secondary: _____ Date: _____

(If Required)