



**Siwinis Lodge 252**  
Los Angeles Area Council, BSA

**Adult Arrowman Information Sheet**

District:  Frontier  North Star  Pacifica  Rio Hondo  Thunderbird  
Chapter:  Wappo  Apache  Lakota  Wiyot  Hopi

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Vehicle Information (for Tour Permits): Year/Make: \_\_\_\_\_

# of Seats with Belts: \_\_\_\_\_ Ins. Info: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

We would like to know where your talents lie. Please circle any trade you are proficient in or have tools for **OR** indicate a hobby or area you are able to provide help with.

Electrical      Plumbing      Carpentry      Electronics

Other Skill: \_\_\_\_\_

*Emergency Medical Treatment:*

To whom it may concern: I authorize the officers and leaders of the Boy Scouts of America and the Order of the Arrow to render any necessary first aid. In case of emergency, that the registered adult leader in charge has my permission to consent to any X-rays examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable and is rendered under the general or special supervision of a physician and surgeon under the provisions of the Medical Practice Act. In no event will the Boy Scouts of America, the Order of the Arrow, or their officers, leaders, or agents be held liable for any first aid rendered or medical or surgical procedures performed pursuant to this consent.

Name: \_\_\_\_\_  
Please Print

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone Number where contact can be reached **during** the activity:

\_\_\_\_\_

Alternate Contact during the activity: Name \_\_\_\_\_

Alternate Contact Phone Number: \_\_\_\_\_