

ORDEAL INFORMATION SHEET

Full Name: _____ Nickname (if applicable): _____

Street Address: _____

City: _____ State: _____ Zip: _____

BSA Membership #: _____ Troop/Team #: _____

Date of Birth: ____/____/____ District/Chapter: _____

E-mail Address: _____ Telephone: _____

I understand that I am to conduct myself in accordance with the Scout Oath and Law while participating in Order of the Arrow Functions. If problems arise due to misconduct or if I choose by my words or conduct not to complete the full Ordeal, I understand that I may be asked to leave this activity and that no refund of monies paid will be given.

Signature of Candidate: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____
(if candidate is under 18 years of age)

Emergency Contact Information and Health History

In case of emergency notify: _____

Phone #: _____ Second Phone #: _____

Physician: _____ Physician's Phone #: _____

Illness, conditions or allergies that may affect or limit participation: _____

Mediation to be taken during activity: _____

Family Insurance Company: _____ Policy #: _____

Supplemental Insurance (i.e., Church or BSA Policy): _____

Policy # (appears on recommend or available from Bishop): _____

Authorization for Emergency Treatment

By signing below, I certify that this health history is correct so far as I know. The person herein described has permission to engage in prescribed activities except as noted by me. In the event that I cannot be reached in an emergency, I authorize any necessary medical treatment for the person herein described, including without limitation, hospitalization, anesthesia, injection or surgery.

Parents or Guardian's Signature: _____ Date: _____