



Ordeal Candidate Information & Medical Form

Ordeal Event Fee: \$50; a \$10.00 late fee (\$60.00 total) will also be assessed if you register within the last 7 days prior to the Ordeal. In order to become a member of the Order of the Arrow (the OA), you must complete the Ordeal weekend on one of two weekends during the coming year:

a. May 20-22, 2016 (Spring Inductions)

Register here: <http://www.lodge104.net/event/spring-inductions2016/>

b. September 16-18, 2016 (Fall Fellowship)

Register here: <http://www.lodge104.net/event/fall-fellowship2016/>

Member Information

Name:		Email:	
Address:			
City:	State:	Zip Code:	
Phone: ()	Unit Number:	Date of Birth:	
Circle Chapter (District): <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Ilau Machque (Black River) Eluwak (Mawat) Saponi (Shakori) Kiowa (Impessa) </div> <div style="width: 30%;"> Lauchsoheen (LaFayette) Netopolis (Dogwood) Netami (Crosswinds) </div> <div style="width: 30%;"> Neusiok (Neuse River) Mimahuk (Highlander) Temakwe (Awahili) </div> </div>			
Do you: <input type="checkbox"/> have any medical restrictions? <input type="checkbox"/> currently take any medication? <input type="checkbox"/> have any dietary restrictions?		Explain:	
Health Insurance Company:		Policy #:	
Have or subject to: <input type="checkbox"/> Convulsions <input type="checkbox"/> Asthma <input type="checkbox"/> Fainting Spells <input type="checkbox"/> Bleeding disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Trouble <input type="checkbox"/> Allergy to medication, food plant, animal, or insect <input type="checkbox"/> Any condition requires special care, medication, or diet <input type="checkbox"/> NONE OF THE ABOVE APPLY		Explain:	
Have difficulty with (check if yes): <input type="checkbox"/> Eyes, ears, nose, throat <input type="checkbox"/> Digestion <input type="checkbox"/> Bed-wetting <input type="checkbox"/> Lungs <input type="checkbox"/> Sleepwalking		Explain:	
<input type="checkbox"/> Any condition now requiring regular medication?		Name of medication:	
Date of Immunizations: Tetanus toxoid _____ Polio _____ Mumps _____ Pertussis _____ Diphtheria _____ Measles _____ Rubella _____			
This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted. In the event that I cannot be reached in an emergency, I hereby, give permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, or to order injection.			
Candidate		Parent or guardian	
Signature:		Signature (if candidate is under 18 years):	
x _____ Date: _____		x _____ Date: _____	
		Home Phone:	Mobile Phone:

** Registration is due 1 week prior to every event to allow food and program materials to be ordered in the most economical way.

Registrations made within 1 week of the event are subject to a \$10 late registration fee. See the Lodge refund policy on the website for additional information. www.lodge104.net/registration/refunds