



Langundowi Lodge #46

Order of the Arrow

Scouting's National Honor Society

French Creek Council, BSA

1815 Robison Road West

Erie, PA 16509-4999



Ordeal Candidate Registration Form

(Current OA Members – Please do not register using this form)

*Note: All reservations must be accompanied by this form and the \$50 registration fee payment.
No reservations will be accepted without this form, completed on both sides.*

Please Print all information

Please Check which Ordeal you plan to attend _____ July _____ August
7, 8, 9th 25, 26, 27th

Name _____

Address _____

City, State, Zip _____

Telephone _____ Date of Birth _____

District and Unit _____

Name of Parent or Guardian _____

Address _____

City, State, Zip _____

Home Phone _____ Work Phone _____

If the person named above is unavailable in the event of an emergency, please notify:

First Choice Name _____

Relationship _____ Telephone _____

Second Choice Name _____

Relationship _____ Telephone _____

Name of Physician _____

Telephone _____

Personal Health/Accident Insurance Carrier _____

Policy Number _____

In case of emergency, I understand every effort will be made to contact me (if an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge, to secure proper treatment, including hospitalization, anesthesia, surgery, or injection of medication for my child (or me, if an adult).

Date _____ Signature of parent/guardian or adult _____

Medical History

Participant Name: _____

General Description of Health _____

Height _____ Weight _____

Check all items that apply, past or present, to your medical history. Explain any YES answers.

Allergies: Food, medicine, insects, plants, etc ____ Yes ____ No

Explain: _____

General Information:

	Yes	No		Yes	No		Yes	No
Asthma	___	___	Diabetes	___	___	High Blood Pressure	___	___
Cancer/Leukemia	___	___	Heart Trouble	___	___	Convulsions/seizures	___	___
Kidney Disease	___	___	Hemophilia	___	___			

Explain: _____

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games:

List equipment needed such as wheelchair, braces, glasses, contacts, etc. _____

Immunizations: (give date of last inoculation)

Tetanus Toxoid	_____	Measles	_____	Diphtheria	_____
Mumps	_____	Pertussis	_____	Rubella	_____
Polio	_____	Hepatitis	_____	Other	_____

List all medications that you are bringing to the Ordeal that you will need to take during the Ordeal:
(Please note that the lodge does not have OTC medications; they will need to be brought if needed frequently.)

Any problems, Medical or Other that we need to know about for your safety at your Ordeal:

Mail all reservations with the completed form and \$50.00 registration fee payable to:

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