

NE-4A

# Section Conclave



June 9-11, 2017  
Elk Lick Scout Reservation

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Unit Number: \_\_\_\_\_

**Enclosed is my Registration for the Section Conclave weekend**

\_\_\_\_ Registration \$38.00 (By April 7)

\_\_\_\_ Normal registration \$45.00 (April 8 – May 1)

**LATE REGISTRATION \$50.00**

If a receipt is desired, please enclose a self-addressed, stamped envelope.

Mail this form and payment to:

Langundowi Lodge  
c/o French Creek Council, BSA  
1815 Robison Rd West  
Erie, PA 16509-4999

Check-in is 8:00 p.m. Friday evening. Check-out is 10:00 a.m. Sunday

*Please complete the other side of this form.*

# Emergency Information and Waiver

Name of Participant: \_\_\_\_\_

In case of emergency, contact:

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

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

If the person named above is not available, please contact:

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

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

Name of physician: \_\_\_\_\_

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

Health Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_

The Social Security Number of the patient may be requested by the hospital.

Additional information we should know: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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, but not limited to, hospitalization, anesthesia, surgery, or injections and medication for my son (or if me, if an adult).

Date: \_\_\_\_\_ Signature of parent/guardian or adult \_\_\_\_\_