

Amangi Nacha Lodge
2005
Ordeal Registration for Members

Mail Form to: Amangi Nacha Lodge Ordeal
Golden Empire Council
P.O. Box 13558
Sacramento, CA 95853-3558

Please Print!

Name _____ Unit _____ Birth Date _____
Address _____ Phone (_____) _____
City _____ Zip _____ Chapter _____
E-mail _____

NOTE: Membership dues MUST be current or you will NOT be admitted to the Ordeal. Pay your dues **PRIOR** to attending the Ordeal!

Please note deadline dates; THERE IS A \$20.00 CHARGE FOR ON-SITE REGISTRATION!

You may attend any Ordeal you wish, but you're encouraged to attend the Ordeal assigned to your chapter.
Check in time is 6:00 PM Friday evening

Check the Ordeal you plan to attend.

- | | | | | |
|--------------------------|------------|-----------------------------|--|---------------------------|
| <input type="checkbox"/> | May 13-15 | Camp Lassen | Maidu & Wintun | DEADLINE: May 6, 2005 |
| <input type="checkbox"/> | June 3-5 | Camp Pollock | Eluwak, Miwok, Tito-Wa, & Patwin | DEADLINE: May 27, 2005 |
| <input type="checkbox"/> | June 17-19 | Camp Winton | Cha-Pa-Di, Curahee, Kendwit Ihum, Peen Sew, & Ta Tanka Ska | DEADLINE: June 10, 2005 |
| <input type="checkbox"/> | July 8-10 | Camp Cole | Irekwan, Kowaunkamish, & Amangi V | DEADLINE: June 17, 2005 |
| <input type="checkbox"/> | Oct 14-16 | Fall Ordeal
Location TBA | Amangi Nacha Lodge | DEADLINE: October 7, 2005 |

You may attend any Ordeal you wish, but you're encouraged to attend the Ordeal assigned to your chapter.

Check here if you are a Brotherhood candidate

FEES: Fee per member \$15 for food and cracker-barrel. **Add \$14.00 for Brotherhood candidates (covers the cost of the sash)**

NOTE: Registration at an Ordeal (on site) is \$35.00 (this does NOT include the cost of a sash for Brotherhood candidates)

TOTAL FEES ENCLOSED: \$ _____

Make check payable to "Amangi Nacha Lodge" and **mail to the above address only!**

MEDICAL RELEASE: Must be completed for all members under 18 years of age who did not include a current form with their dues registration.
Please include or bring to the Ordeal a copy of the youth's health history form.

PLEASE SIGN ON THE BACK OF THIS SHEET

**Amangi Nacha Lodge
Golden Empire Council
2005 Medical Release / Parental Consent Form**

I/We, _____, do hereby give consent for _____
(Parent(s)/Guardian name) (Scout's name)
to participate in all O.A. activities for the calendar year 2005, effective _____(date).

I/We, the undersigned, parent or guardian of said minor, do hereby authorize the Adult Leader(s) in charge as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis of treatment and hospital care which deemed advisable by, and is to be rendered by or under the general or special supervision of any physician and/or surgeon licensed under the Medical Practices Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care required, but is given to provide authority on the part of aforesaid agent for treatment deemed advisable. Adult leader(s) will make every effort to contact the Parent(s) or Guardian(s) as soon as possible. I also give my permission for the adult leader to treat minor injuries or illnesses while at the event.

In case of an accident or illness and medical attention is required for my/our adolescent /ward, it should be obtained and I/we accept full responsibility for all expenses incurred. I/we waive all claims against the leaders and officers of this activity, agents, and representatives of the Boy Scouts of America.

Name:(s) _____
Printed parent(s) or guardian

Printed parent(s) or guardian

Signed: _____

Date: _____

Telephone: _____

Family Doctor: _____

Doctor's Telephone: _____