

OHLONE LODGE #63 -ORDER OF THE ARROW

Candidate Information / Application

First Name	Initial	Last Name	Sr, Jr, II, etc.
Street Address			
City		State	ZIP + Four
Area Code/Phone	Birthday	Youth/Adult	Sex
Registered Unit	Email Address		Elected/Eligibility

Please mail this form along with the \$40 Ordeal Fee to:
Ohlone Lodge #63, 1150 Chess Drive, Foster City CA 94404-1107
OR
Bring this form with Ordeal fee to the Foster City Scout Service Center
[PLEASE MAKE CHECKS PAYABLE TO "BOY SCOUTS OF AMERICA"]

THIS SECTION MUST BE COMPLETED FOR MEMBERS UNDER THE AGE OF EIGHTEEN

EMERGENCY MEDICAL / DENTAL CONSENT

Name of Minor: _____

Date: _____

I the undersigned do hereby authorize the Order of the Arrow, Ohlone Lodge Adviser, or any such substitute as may be designated as agent for the undersigned to consent to any X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the Provision of Medical Practice Act or of any dentist licensed under the Dental Practice Act whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, Scout camp or elsewhere.

Parent /Guardian: _____ Emergency Phone Number: _____
Address: _____ City: _____ State: _____ Zip: _____ - _____
Primary Insurance Carrier: _____ Policy Number: _____

Are any prescription medications taken and/or are there any allergies or conditions that would need to be know in an emergency situation? YES NO

If yes, please list them here: _____

Talent Release Form

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child by the Boy Scouts of America, and I hereby release the Boy Scouts of America from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

YES NO

Parent/Guardian Signature: _____