

Indian Drum # 152 Registration/Health Form

Section C-2B Conclave - April 27, 28, 29, 2007 - Rota-Kiwan Scout Reservation

PLEASE FILL OUT THIS PAGE COMPLETELY

Name _____ Date of Birth _____ Unit _____
Address _____ Phone _____
City _____ State _____ Zip _____

IN CASE OF EMERGENCY NOTIFY:

Name _____ Relationship: Parent [] Guardian [] Other _____
Address _____ Phone (H) _____
(W) _____

Health History

HAVE OR SUBJECT TO: (CHECK IF YES)

Check here if none applies []

- [] asthma [] fainting spells [] swimming or sports restrictions [] convulsions
[] diabetes [] heart trouble [] allergy/reaction to any medication [] other _____

HAVE DIFFICULTY WITH: (CHECK IF YES)

HAVE HAD: (CHECK IF YES)

- [] eyes, ears, nose, throat [] digestion [] bed-wetting [] measles [] chicken pox [] German measles
[] lungs [] sleepwalking [] mumps [] whooping cough [] diphtheria

Any conditions now requiring medication? _____ Name of medication _____

Any restriction of activity for medical reasons? Explain: _____

Any dietary restrictions? Explain: _____

IMMUNIZATIONS

Date of last inoculation

tetanus toxoid _____ measles _____ polio _____
German measles _____ mumps _____ diphtheria _____

The person named on this form is covered by the following medical insurance: _____

Group No. _____ Policy No. _____ Ident No. _____

Registration Information

- [] Youth [] Adult

PARENTS AUTHORIZATION

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, for the event indicated above, except as noted by me and the physician. In the event I cannot be reached in an emergency, I hereby give permission to the Physician selected by a designated representative of the Boy Scouts of America to authorize emergency medical or surgical treatment, routine, non-surgical medical care, hospitalize, secure proper anaesthesia, or to order injection(s) for my son. I agree to comply with the registration policies of Section C-2B, & Southwest Michigan Council - Boy Scouts of America.

ADULTS AUTHORIZATION

In the event that I am injured and rendered unconscious, I hereby give permission to the Physician selected by a designated representative of the Boy Scouts of America to authorize emergency medical or surgical treatment, routine, non-surgical medical care, hospitalize, secure proper anaesthesia, or to order injection(s). I agree to comply with the registration policies of Section C-2B, & Southwest Michigan Council - Boy Scouts of America.

Signature of participant over 18 yrs. of age.

Signature of Parent or guardian

Complete and sign this form
Additional Registration and payment Information on Reverse Side



Order of the Arrow

2006 SECTION C-2B CONCLAVE

April 27, 28, 29, 2007 Rota-Kiwan Scout Reservation

Indian Drum #152 Reservation

Registration Deadline - April 13, 2007



My payment is by:

Section Conclave

\$30.00

Check VISA MASTERCARD

CREDIT CARD NUMBER

EXPIRATION

Total

\$ _____

_____ - _____ - _____ - _____

Mail To:

My signature below authorizes the Scenic Trails Council - BSA, to charge my account.

Section C-2B
Order of the Arrow, BSA
Scenic Trails Council
1499 Business Park Drive
Traverse City, MI 49686

Please SIGN your name _____

Please PRINT your name _____

Complete and sign the reverse side of this form