



Achewon Nimat Lodge
Order of the Arrow
 San Francisco Bay Area Council, BSA
www.achewonnimat.org

2009-2010 OA Lodge Dues & Package Plan Registration

Dues for the 2009-2010 Lodge year are due and payable. Our dues year is September thru August. Your BSA registration and your OA dues must be current to participate in any OA event. Members who were inducted into the Lodge in June 2009 have already paid their 2009-2010 OA dues. However, you must still pay for the Package Plan or register for the individual events.

Important Changes for 2009-2010

All OA members participating in a Lodge Event held at a Council camp must have on file with the lodge or submitted with their reservation a SFBAC Annual BSA Health and Medical Record (parts A, B, and C). Parts B & C must be signed and dated. No other medical form is valid after December 31, 2009. A SFBAC Annual BSA Health and Medical Record Part C is required for all other OA events. Without these documents you will not be able to participate in the event. There are NO exceptions!

The primary means of communication for the Lodge will be email and the lodge website.

www.achewonnimat.org

The Arrow Point will be distributed by email. However, a print copy will be available by mail for \$4.00 a year.

Package Plan Information

The 2009-2010 package plan includes; the fall Ordeal on October 23-25, 2009 at Camp Royaneh, the Lodge Banquet on December 12, 2009 at First Presbyterian Church, San Leandro, the winter Ordeal on February 19-21, 2010 at Rancho Los Mochos, the Achievest on March 26-28, 2010 at Camp Royaneh, and the spring Ordeal on May 21-23, 2010 at Wente Scout Reservation. All of these events for only \$40.50, a \$17.00 savings and no late fees. There are no refunds. As a reminder the package plan fee does not include your lodge dues.

Please submit a separate form for each member

(Please print)

Member's Name: _____ Phone: (____) _____

Nickname (if any) _____ Registered Unit: _____

Member's Email Address: _____

(If under the age of 13 leave blank or a signature of Parent/Guardian must follow the email address)

Parent's/Guardian's Email Address: _____

(Recommended for members under age 18 - Required for members under age 13)

Dues for Member: @ \$10.00 _____

Package Plan Registration: (a savings of \$17.00 over the individual event registrations) @ \$40.50 _____

Print copy of the Arrow Point @ \$ 4.00 _____

Make checks payable to: BSA

Total Amount Enclosed _____

Send Form & Fees to: Order of the Arrow
 SF Bay Area Council, BSA
 1001 Davis St
 San Leandro, CA 94577-1514

Additional Information Call:
 Charles Hoffman, Lodge Adviser
 (510) 655-2529 (after 5 PM)

Complete this information if paying by credit card

Name of Cardholder: _____ Signature: _____

Card Type: VISA or MasterCard

Card #: _____ Exp. Date: _____

Office use only

Rec.#: _____ Amount: _____ Date: _____ By: _____ Account: #034

Complete the information on the reverse side

06/2009

Part C

Parental Informed Consent and Hold Harmless/Release Agreement

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

Authorized activities of the program experience for the participant include, but are not limited to, swimming, boating, COPE, rock climbing/ rappelling, archery, and limited use of firearms. I hereby give express consent for a qualified range instructor to furnish BSA-approved archery and firearm equipment to the participant for the purpose of instruction in the safe handling and use of such equipment and related activities at designated ranges.

Yes No, I withhold permission to participate in: _____

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving me or my child, I understand that an immediate effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby granted to the medical or dental provider selected by the adult leader in charge to secure proper treatment including examinations, tests, hospitalizations, anesthesia, surgery or injections of medicine for the participant. Medical or dental providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical or dental evaluation of the participant, follow-up, and communication with the participant's emergency contact person, parents, or guardian, and/or determination of the participant's ability to continue in the program.

Without restrictions. With special considerations or restrictions (list)

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 or my child may have for any of the foregoing.

Yes No

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

Participant's name _____

Participant's signature _____

Parent/guardian's signature _____
(if under the age of 18)

Date _____

San Francisco Bay Area Council
1001 Davis Street
San Leandro, CA 94577-1514
(510) 577-9000
<http://www.sfbac.org>

Part C Last name: _____ DOB: _____

S F B A C
2009 revision