

OA Ordeal Registration 2004

Registration Form for OA Candidates NOT attending SHAC Summer Camp with Troop
Sign up NOW! Space is limited. Maximum limits will be enforced.

<u>Date</u>	<u>Deadline</u>	<u>Location(max Scouts)</u>	<u>Date</u>	<u>Deadline</u>	<u>Location(max Scouts)</u>
WEEKEND ORDEALS					
___ Apr 30-May 2	April 23	El Rancho Cima (100)*	___ June 23-24	June 16	Camp Strake (30)
___ May 7-8	April 30	Camp Strake (150)	___ June 23-24	June 16	Cockrell River Camp (30)
___ May 7-8	April 20	Bovay Scout Ranch (120)	___ June 23-24	June 16	Horseshoe Bend (30)
___ July 9-10	June 30	Camp Strake (150)	___ Jun 30-Jul1	June 23	Cockrell River Camp (30)
___ Sept 17-19	Sept. 10	Camp Strake (180)	___ Jun 30-Jul1	June 23	Horseshoe Bend (30)
___ Sept.17-19	Sept. 10	Bovay Scout Ranch (120)	___ July 7-8	June 30	Cockrell River Camp (30)
___ Sept.17-19	Sept. 10	Camp Brosig (100)	___ July 7-8	June 30	Horseshoe Bend (30)
SUMMER CAMP ORDEALS					
___ June 16-17	June 9	Camp Strake (30)	___ July 14-15	July 7	Cockrell River Camp (30)
___ June 16-17	June 9	Cockrell River Camp (30)	___ July 14-15	July 7	Horseshoe Bend (30)
___ June 16-17	June 9	Horseshoe Bend (30)	___ July 21-22	July 14	Cockrell River Camp (30)
___ June 16-17	June 9	Horseshoe Bend (30)	___ July 28-29	July 21	Cockrell River Camp (30)

Registration Fee is \$55.00. Registrations received at the Cockrell Scout Center by the deadline receive \$10 off!

*Receive an additional \$10 discount by attending the April 30-May 2 Ordeal at El Rancho Cima.

PLEASE Complete ALL Blanks, sign on all signature lines, and print legibly in ink or type.

Name _____ Age _____ Sex _____ Adult or Youth(A/Y) _____
 Address: _____
 City: _____ State: _____ Zip _____ Phone _____
 Name of Parent Guardian _____
 Business Telephone _____ Pager _____ Cell Phone _____
 Home Address _____ City _____ State _____ Zip _____
 District: _____ Unit: _____ Rank _____ e-mail _____

MEDICAL INFORMATION

All candidates **MUST ATTACH TO THIS FORM** a completed Class 1/2, Class 3 if over the age of 40, medical form. They must also attach a completed council Medication Form listing what medications they are taking and what medications that they may take such as Tylenol, Aspirin, etc. No candidate may take the ordeal without completed medical forms. These forms are available on the council website. **WWW.SAMHOUSTONBSA.ORG/HOME/FORMS.**

CONSENT TO TREAT

In Case of emergency, I understand that every effort will be made to contact me (if an adult, my spouse or next of kin). In the event that I can not be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if an adult)

Date _____ Signature of parent/guardian or Adult _____

TALENT RELEASE

I hereby assign and grant to the Boy Scouts of America the right and permission to use and publish the photographs/film/video/electronic representations and/or recording made of myself and/or my child at this(ese) event(s) 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 further authorize the reproduction, sale copyright, exhibit, broadcast, electronic storage 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. Names and/or individualized identification shall be unintentional.

Signature _____

Date _____

Card Holder Name _____

Payment Method: ___ Cash ___ Check ___ Amex ___ MC ___ Visa ___ Disc

_____ Exp. Date _____

Signature _____

Mail to: OA Secretary
P.O. Box 924528
Houston, TX 77292-4528

Fax to: 713-865-9199
 ACCT No. 900277 1-2371-755-00