



Section C-2C Conclave

April 20-22, 2007

Vincennes University, Vincennes, IN

We Didn't Start the Fire, but We Keep it Burning

Get training, compete against other lodges (games & ceremonies) and above all have fun with other members of our Order from throughout the Section. At Section Conclave you will have the opportunity to gain further knowledge of the Order. Participate in a unique weekend with 300 fellow Arrowmen.



Send registration to:
OA Section Conclave
1900 N. Meridian St.
PO Box 1966
Indianapolis, IN 46206

Checks payable to:
BSA-CAC

Write on the memo line:
OA: Conclave
Code: 60 ADP

Takachsin Lodge Conclave Registration Form

Name: _____

Street Address: _____

City, State, Zip code: _____

Home phone: _____ E-mail: _____

Council & Lodge _____

___ Youth registration @ \$30 \$ _____

___ Adult registration @ \$40 _____

___ **Late fee (if received after March 30) @ \$10** _____

Total fees enclosed \$ _____

Please check if interested in ___ basketball, ___ volleyball, ___ ceremony competition, ___ euchre, ___ cooking contest, ___ tennis, ___ racquetball, ___ golf frisbee, ___ historical tours, ___ kickball, ___ "Lodge" ball, ___ ultimate frisbee, _____ other competition

You must attach a Class 1 health form to registration

ALL Adults must complete (30 minutes) youth protection training found at:
<http://olc.scouting.org/info/ypt.html>

CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY

To be filled out by parent, guardian or adult participant. Please print in ink.

IDENTIFICATION

Name _____ Date of Birth _____ Age _____ Sex _____

Name of Parent or Guardian _____ Telephone _____

Home Address _____ City _____ State _____ Zip _____

Business Address _____ City _____ State _____ Zip _____

If person above is not available in case of emergency, contact:

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Name of personal physician _____ Telephone _____

Personal health/accident insurance carrier _ Policy No. _____

Check all items that apply, **past or present**, to your health history. Explain any "Yes" answers.

ALLERGIES: food, medicines, insects, plants Yes ___ No ___

Explain: _____

GENERAL INFORMATION:	Yes	No	Diabetes	Yes	No	High Blood Pressure	Yes	No
Asthma	___	___	Heart Trouble	___	___	Kidney Disease	___	___
Cancer/leukemia	___	___	Hemophilia	___	___			
Convulsions/Seisures	___	___						

Explain: _____

List any medications to be taken at camp: _____

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: _____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: _____

Immunizations: (Give date of last inoculation)

Tetanus toxoid _____ Measles _____ Polio _____

Diphtheria _____ Mumps _____

Pertussis _____ Rubella _____

I give permission for full participation in BSA programs, subject to limitations noted herein.

In case of emergency, I understand every effort will be made to contact me (if an adult, my spouse or next of kin). In the event I cannot 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 _____

Some hospitals require the parent/guardian signature to be notarized. Check with your BSA local council.

Parent information needs to be signed and dated annually