



# TOLOMA LODGE

Order of the Arrow

**Member Registration Form**

6 EASY STEPS

2010 ~ Toloma Ordeals ~ Camp Mensinger

May 21 - 22 -23 & August 27 - 28 - 29

Check in time 6:00 pm - 8:00 pm Friday

Check out after 10:00 pm Saturday but NLT 11:00 am Sunday

**PAID, PRE-REGISTRATION IS REQUIRED, 4 days prior to Ordeal to avoid \$5 late fee**

1 Choose a weekend  May 21 - 22 - 23 [office use #1-2371-053-00]  August 27 - 28 - 29 [office use #1-2371-084-00]

2 Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Troop \_\_\_\_\_ District \_\_\_\_\_ e-Mail \_\_\_\_\_

3 Indicate your current Status:  Ordeal Member  Brotherhood Member  Vigil Honor Member

4 What are you paying for at this time:  Current Lodge Member **\$12**

Includes meals for Ordeal / Fellowship

Brotherhood Candidate **\$25**

If you are eligible (Ten months as an Ordeal Member) includes meals for Ordeal /Fellowship & new sash.

Annual Dues [office use #1-2371-060-00] **\$12**

**Total** \_\_\_\_\_

## 5 Minor Consent Form

Greater Yosemite Council, Boy Scouts of America, Authorization and Consent to Treat a Minor  
Pursuant to California Civil Code Section 24.8 & Section 12552

Name of Minor \_\_\_\_\_ Date of Birth \_\_\_\_\_

The undersigned does authorize the Greater Yosemite Council or registered adult leader in charge, as agent for the undersigned to consent to x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and be rendered under the general or special supervision of any physician or surgeon, dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is tendered at the office of said physician or dentist, at a hospital, Boy Scout Camp, or elsewhere. This authorization will remain effective while minor is in route to or from, or involved or participating, in any Boy Scout Camp, Boy Scout program or activity, including CAMPING, HIKING & SWIMMING, of the Greater Yosemite Council, Boy Scouts of America or unless revoked in writing by the undersigned or delivered to the aforesaid agent.

Date \_\_\_\_\_ x \_\_\_\_\_  
PARENT OR GUARDIAN PRINT NAME PARENT OR GUARDIAN SIGNATURE

Primary Insurance Carrier: \_\_\_\_\_ Policy Number \_\_\_\_\_

In the event of an Emergency call: \_\_\_\_\_  
NAME PHONE

6 Please use one form per member. Send form and payment to:

Toloma Lodge / Greater Yosemite Council, 4031 Technology Dr, Modesto, CA 95356-9490