



Tukarica Lodge, Order of the Arrow
Ore-Ida Council
Boy Scouts of America
Farris C. Lind Scout Service Center
8901 West Franklin Road
Boise, ID 83709-0638
(208) 376-4411

Tukarica Lodge Fall Ordeal, August 10-12, 2018.

Please pre-pay & register at least a week prior to activity by Tuesday, August 7, 2018!

Dear **Arrowmen of the Tukarica Lodge,**

The Tukarica Lodge would like to invite you to the Fall Ordeal. The Ordeal will take place **Friday through Sunday** at Camp Morrison in McCall. Please note that you will be at Camp Morrison from approximately 7:00 p.m. on Friday until about Noon on Sunday. If you are unable to stay Sunday, please arrange for transportation after the Ordeal Ceremony ends Saturday night (approximately 8 p.m.).

The cost of the weekend is \$25.00.

Please bring the following items with you: **full Scout uniform**, sleeping bag, tent, water bottle, flashlight, toiletry kit, towel, personal articles, pocket knife with Totin' Chip, a set of **work clothes**, work gloves, rain gear, and plenty of **mosquito repellent** and sun screen protection. Bring some extra spending money for Lodge Trading Post items if you want additional Lodge patches, pins, or a neckerchief.

Don't forget to bring plenty of **ENTHUSIASM!**

Note: When you plan your transportation, you should plan to arrive at Camp Morrison no earlier than 6 p.m. and no later than 7:30 p.m. **Please eat dinner before you arrive;** there is no food service on Friday. If you or your parents have any questions, please be sure to contact the Scout office at (208) 376-4411 or the Tukarica Lodge Order of the Arrow Adviser Scott Clouthier at scouterscottclouthier@gmail.com

Please complete the attached Registration and Medical form and return or mail to the Scout Service Center with the registration fee, one week before the deadline. This is for medical and safety reasons and to comply with Council Policy, and no exceptions will be made.

We look forward to enjoying the next step in your OA adventure.

ARROWMEN REGISTRATION FORM

Please pre-pay & register at least a week prior to activity by Tuesday, August 7, 2018!

(Please Print or Type)

Name: _____ Age: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Unit: _____ District: _____

Email Address: _____

Office Use Only: Acct# 1-6801-922-20 Payment Type: _____ Date Received: _____ Receipt #: _____ Recorded In DB

HEALTH HISTORY AND AUTHORIZATION

Health/Accident Insurance Company: _____ Policy Number: _____

Has or subject to (check if yes):

Asthma Fainting Spells Convulsions Allergy to any medication, food, plant, animal, or insects

Diabetes Heart trouble Bleeding disorders Any disorder that may require special care or diet

Please check here if none of the above apply

Has difficulty with (check if yes)

Eyes, ears, nose, or throat Digestion Bed-wetting Lungs Sleepwalking

Explain: _____

Is there any condition currently requiring medication? Yes No

Is the participant able to monitor and administer their own medication? Yes No

List all medication/s currently being taken:

If there are any restrictions of activities, for medical reasons, please explain:

List any Allergies: _____

Immunizations (Indicate date of last inoculation)

Tetanus Toxoid: _____ Polio: _____ Mumps: _____ Pertussis: _____

Diphtheria: _____ Measles: _____ Rubella: _____

Parental Authorization (if a minor)

This health history is current and correct as far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me above. In the event I cannot be reached in an emergency; I hereby give my permission to any physician selected by the adult leader in charge, to hospitalize, provide proper emergency medical treatment, anesthesia, or to order injection for my son.

I also understand that in the process of the event, photographic or electronic images may be taken by Order of the Arrow officials for the sole purpose of promotion. I grant the Order of the Arrow permission to use my/my son's image in noncommercial means. My son has permission to attend this BSA, Order of the Arrow event. I have completed the attached medical form, reviewed the code of conduct and understand that it is my responsibility to arrange transportation to and from the event.

Date: _____

(Signature of Parent/Guardian)

Home Telephone Number: _____ Business Telephone Number: _____

Signature of Scout _____

This Medical History and Authorization must be completed, signed and returned with registration and payment. Under BSA policy, no scout will be allowed to participate without one.

Payment Selection and Credit Card Authorization

DO NOT SEND CASH.

Check for payment is enclosed. Please charge my Credit Card: Visa MasterCard Am. Express

Name on Credit Card: _____ Credit Card Number: _____

Exp. Date _____ Signature: _____

Return to or mail to: BSA Order of the Arrow • 8901 W Franklin Rd. • Boise ID 83709



ORDEAL CODE OF CONDUCT

1. All participants must register with the Council and pay the appropriate fees.
2. All youth members will camp in the designated campsite with their chapter, or the area specified by their elangomat.
3. All members will attend the ceremonies appropriate for their honor level unless excused for reason, i.e. kitchen duty, etc. Native American outfits are encouraged if you have them.
4. All members will observe candidate rules when in the vicinity of candidates.
5. Candidates will be treated with respect.
6. Field uniform with OA sash will be worn for all meals except Saturday lunch.
7. All members are expected to attend flag ceremonies. Saturday morning's ceremony will be conducted in silence since candidates will be present.
8. Vehicles are restricted to the main camp area except for unloading camping gear on Friday and loading on Sunday. Private vehicles will be allowed in other areas of the camp for work projects only as directed by those assigning the projects. Except to meet reasonable accommodation requirements of Federal and State law, **VEHICLES WILL NOT BE USED TO TRAVEL TO ANY OF THE CEREMONIES.**
9. All members are expected to work on Saturday. Meet in the dining hall after flag ceremony for assignments.
10. No firearms (except ceremonial), illegal drugs or alcohol are allowed in camp.
11. All members are expected to live up to the ideals of the Scout Oath and Law.
12. It is the duty of all Arrowmen to take corrective action if any of these rules are not being followed or candidates are not observing candidate rules.
13. Everyone needs adequate rest so please observe quiet hours beginning at midnight.
14. **DOGS ARE NOT ALLOWED IN CAMP.** If parents, or those providing transportation, bring a dog or dogs, they must remain QUIETLY in the vehicle, not on a leash outside. Please help us comply.
15. Members only. If you bring your RV, trailer, camper etc. Please remember, part of the purpose of the OA is to promote camping. Refer to item #2. There will be no tent camping in areas designated for RV's.
16. Violation of this code of conduct may result in expulsion from the camp.