



"The OA Team"

SECTION W-3S CONCLAVE 2009

Royaneh Scout Reservation, Cazadero CA

September 25-27, 2009

REGISTER ONLINE: www.sectionw3s.org

COUNCIL & SECTION USE ONLY		
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Payment Received	Keyed by	Date

I. PERSONAL & MEMBERSHIP INFORMATION

Please Print Clearly

First Name Last Name

Mailing Address City State Zip Code

Area Code Home Phone Number E-Mail Address Birth Date (MM-DD-YY)

Indicate the lodge to which you belong. Membership dues must be current with your lodge and council.

Esselen Tah-Heetch Out-of-Section Lodge:
 Kaweah Achewon Nimat
 Miwok Hungteetsepoppi
 Ohlone Toloma

Chapter / District

Ordeal Date (MM-YY) Unit (type and number)

OA Leadership Position (if any)

OA Honor
 Ordeal
 Brotherhood
 Vigil

II. HEALTH & EMERGENCY INFORMATION

In the event of emergency, notify (person not already at event)

Relationship Friend Parent Spouse Guardian Other

Date of last Tetanus Toxoid Immunization (MM-YY)

Phone Number

Alternate Phone Number

Health Insurance Company Policy #

Are you subject to, or have a history of any of the following conditions:
 Asthma Heart Condition ADD/ADHD Depression I require special care of special facilities
 Diabetes Bleeding Disorder Fainting Spells Bed Wetting I use a sleeping device that requires power (such as a CPAP)

Are you allergic to any of the following: Food Animal Toxin Plant Insect Medication

Explanation of above conditions or allergies:

Special diet details:

Current medications:

Physical limitations:

In case of an emergency, I understand every effort will be made to notify my emergency contact, spouse, or next of kin noted above. In the event no one can be reached, I hereby give my permission for medical personnel, or the adult leader in charge, to treat, hospitalize, secure anesthesia, or to order injection, surgery, or other treatment for my child (or for me, if an adult over 18).

Talent Release Authorization: I hereby assign and grant to the Boy Scouts of America the right and permission to use and publish the photographs/film/video tapes/electronic representations and/or sound recordings made of my child (or me, if an adult) at this event 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/video tapes/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 may have for any of the foregoing.

Date: Signature: X (All Participants must sign) Signature: X (Parent or Guardian must sign if participant is under 18)

III. TRAINING

See <http://www.sectionmaster.org/register/training/?event=47> for detailed training information and session codes.

Session 1: 8:10-9:05	Please select one class for each session Example N242A	Session 1 Code	Session 2 Code
Session 2: 9:10-10:05		<input type="text"/>	<input type="text"/>
Session 3: 10:10-11:05		Session 3 Code	Session 4 Code
Session 4: 11:10-12:05		<input type="text"/>	<input type="text"/>

IV. PAYMENT INFORMATION

Registration Fee (observe dates and notes below)

Regular Registration (After September 15) \$50.00
 Early Registration (By September 15) \$40.00
 Discount for New Youth \$10.00
 (Ordeal after 9/25/08 & under 21)

Payment Method Visa MasterCard Cash Pay-at-Door (please note that there is no early registration discount if you pay at the door) Check payable to "BSA" with memo "2009 Section W-3S Conclave"

Credit Card Number

Exp. Date (MM-YY)

I authorize these charges to my account.

Signature of Cardholder: X

RETURN THIS FORM, WITH PAYMENT, TO: Section W-3S Conclave; San Francisco Bay Area Council, 1001 Davis St, San Leandro, CA 94577

Questions? Call (510) 577-9203 or e-mail W-3S Registration Team at registration@sectionw3s.org.