



Section Conclave Sept 11- 13

@ Ft Sisseton, SD

Come join us at the upcoming Section Conclave held at historic Ft Sisseton, SD (less than 2 hours from Fargo). Once every year, the six Order of the Arrow Lodges in section C-1A come together for a conclave to share in fun, fellowship, skills, and training that can help your lodge. There are no Ordeals or work projects, but there is a lot of fun activities and some great training.

Here are just some of the activities planned for Section Conclave:

- Blacksmith Demonstration - Voyageur Games - American Indian Pow Wow - Historic Tours
- Brotherhood Bash - Tug of War - Ultimate Frisbee - Voyager Games

In addition, each there will be a Ceremony Competition among the Lodges. If you are interested in performing the Ordeal or Pre-Ordeal Ceremony as part of the competition, please contact the Lodge Officers via email at pahin.editor@gmail.com

All Participants MUST have a completed, signed Release on page 5. If under 18, the parent/adult guardian must sign. Attendees who do not have the Release will not be able to attend

Accommodations: Everyone will be camping in tents, so bring your equipment accordingly. Sites are available with electricity for those needing access (please note if you require electricity).

Send check payable to: Northern Lights Council, BSA, 301 South 7 Street, Fargo, ND 58103
with this registration form.

Please choose the event(s) you will be attending.	Pre-Registration Cost Register by Aug 17	At-the-Door Registration Cost (after Aug 17)
Section Conclave -- Sept 11 - 13, 2009		
OA Section Conclave @ Fort Sisseton, SD	\$35	\$40
Total Included		
I'm interested in competing in the Ordeal / Pre-Ordeal Ceremony		

Name _____ Date of Birth _____

Address _____ City, State, Zip _____

Phone _____ Cell Phone _____ Chapter or District # _____ Unit # _____

E-mail address _____ Emergency Contact & Phone _____

I have the following Allergies, Medical Constraints, Dietary Requests, Other Issues: _____

Parental Informed Consent and Hold Harmless/Release Agreement

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Without restrictions.

With special considerations or restrictions (list)

Talent Release Form

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child 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/videotapes/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.

Yes No

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

Participant's name _____

Participant's signature _____

Parent/guardian's signature _____
(if under the age of 18)

Date _____

Attach copy of insurance card (front and back) here. If required by your state, use the space provided here for notarization.



BOY SCOUTS OF AMERICA
1325 West Walnut Hill Lane
P.O. Box 152079
Irving, Texas 75015-2079
<http://www.scouting.org>



2008 Printing

Part C Last name: _____ DOB: _____