BOY SCOUTS OF AMERICA GREATER YOSEMITE COUNCIL

TOLOMA LODGE

Order of the Arrow **Member Registration Form** 6 EASY STEPS

2018 ~ Toloma Lodge Vigil Ceremony at the Old Fishermen's Club
10800 Maze Blvd., Modesto, CA 95358
November 2nd & 3rd, 2018

Check in time 6:00 pm – 8:00 pm Friday Check out after Breakfast on Saturday

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

1 Vigil Weekend: ☐ November 2nd & 3rd, 2018

2 Name _____ Date of Birth ____/____/____ Home Phone _____

Address _____ Cell Phone _____

City _____ State _____ Zip _____ Unit _____

Chapter _____ E-Mail _____

3 Indicate your current Status ❍ Vigil Honor Member

4 What are you paying for at this time: ❍ Vigil Member (Includes meals & Cracker-barrels) **$5**

❍ Annual Dues **$15**

Make Checks Payable to: Greater Yosemite Council or GYC BSA **Total Enclosed =** _____

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 _____ _____ × _____

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:

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