



TOLOMA LODGE

Member Registration Form

Or register online at: www.yosemitescouting.org

2021 ~ Toloma Fellowship & Induction at Camp McConnell

August 20, 21 & 22, 2021

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, 5 days prior to Ordeal to avoid \$5 late fee

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

Address _____ Cell Phone _____

City _____ State _____ Zip _____ Unit _____

Chapter _____ E-Mail _____

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

What are you paying for at this time:

<input type="radio"/> Lodge Member (Includes meals & Cracker-barrels)	\$16
<input type="radio"/> Silver Lynx Member	\$0
<input type="radio"/> Brotherhood Candidate	\$35
<small>(You are eligible if you have been an Ordeal Member for 6 Months)</small>	
<input type="radio"/> Late or Onsite Fee (If not Paid 5 days prior to Event)	\$5
<input type="radio"/> Annual Dues	\$15

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

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

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

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

Questions? Contact: Chief@toloma.org