AMAMGAMEK-WIPIT LODGE
PARTICIPANT APPLICATION
ORDER OF THE ARROW
BOY SCOUTS OF AMERICA

ARROWCORPS5
5 SITES - 5 WEEKS - 5,000 ARROWMEN

This Application is for use by ***Amangamek-Wipit Lodge members*** to register for the ***ArrowCorp***[5] program in the summer of 2008. This form should be used completed by every Lodge participant for any of the five sites. A participant hoping to serve at more than one site must submit a SEPARATE application for each site and a non-refundable deposit of **$100.00**.

Once you are approved by the national office for each site registered, you will be notified and a confirmation notice will be forwarded to you. The confirmation notice should include a transmittal for submitting the balance of the participant fee ($150.00) to the national office.

Name: _____ Birthday (M/D/Y): _____

Street: _____

City: _____ State: _____ ZIP: _____

Gender (circle): M F Email Address:* _____

Phone – Home: _____ Work/School: _____ Mobile: _____

Council Name: _____ Council Number: _____

All participants must be compliant with Philmont Height/Weight Restrictions. Please visit www.event.oa-bsa.org for more details.

*Email address is required. Please check you email frequently leading up to the summer of 2008.

I am applying to participate at the following sites (***check only one site per form***):

- ☐ Mark Twain
  June 7-14, 2008 | Missouri
- ☐ Manti-La Sal
  June 14-21, 2008 | Utah
- ☐ George Washington & Jefferson
  June 21-28, 2008 | Virginia
- ☐ Shasta-Trinity
  July 12-19, 2008 | California
- ☐ Bridger-Teton
  July 26-August 2, 2008 | Wyoming

Inc Case of emergency, contact:

Name: _____ Relationship: _____

Street: _____

City: _____ State: _____ ZIP: _____

Phone – Home: _____ Work/School: _____ Mobile: _____

Physician's Name: _____ Phone: _____

Allergies: _____

Medications: _____

Dietary Needs: _____

Medical Condition Requiring Waivers: _____

_____

_____

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If I am selected for the 2008 ***ArrowCorps***[5] program, I agree to:

- Attend the ArrowCorps5 site indicted on page 1 of this document.
- Pay the registration fee of $250 postmarked no later than May 1, 2008.
- The terms of the Statement of Understanding, attached to this document
- Abide by the Participant Code of Conduct, attached to this document.

Applicant's Name (Print): _____

Applicant's Signature: _____ Date: _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature_____ Date: _____
(if Applicant is under 18 years of age):

Once this form is completed, mail it to the Amangamek-Wipit Lodge Staff Adviser. Please retain a copy for your records.

Amangamek-Wipit Lodge
National Capital Area Council Area Council
Boy Scouts of America
9190 Rockville Pike
Bethesda, MD 20814-3897

Office Use Only: Forwarded to National Office: _____

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STATEMENT OF UNDERSTANDING

I certify that I am in good health, and know of no personal physical limitations that would prevent my full participation in the ***ArrowCorps***[5] program.

I understand that this application includes my request for personal accident insurance to be purchased on my behalf, and that the cost of this insurance is included in the program fee.

I have read the ***ArrowCorps***[5] Code of Conduct listed below and agree to the rules and regulations therein. I understand that if I am under the age of 18 during my participation, I will be responsible to my adult adviser.

For value received, I hereby consent to the use if my (or my son's if participant is under 18) name, voice, and/or pictures by the Boy Scouts of America, and/or any movie, news, or broadcasting companies, or their licenses for broadcasting, direct exhibition, publication, and subsidiary purposes. Such uses will not be made which would constitute a direct endorsement by said Scout or adult Scouter of any product or service.

In the event of illness or injury to me or to the youth member named on the front of this application (if participant) is under 18, and you are the legal or natural guardian) during the ***ArrowCorps***[5] program, I do hereby give consent for treatment. I hereby authorize the physicians and their associates of the ***ArrowCorps***[5] program to perform such diagnostic, medical, and/or surgical treatment on my son or myself as may be deemed medically necessary in order to assure the safety of my son or myself. It is distinctly agreed and understood that the physicians and their associates named-above shall not be responsible in any way for any consequences resulting from said diagnostic, medical, and/or surgical treatment and are fully released from all claims and demands whatsoever which may arise, grow out of, or be incident to such diagnosis, treatment, or surgery insofar as the law allows. I agree to indemnify and hold harmless, the above-named physicians and their associates, representatives, officers and agents from any and all consequences of such treatment, diagnosis, or surgery provided these duties are performed with ordinary care and to the best of their ability.

In order to ensure the safe participation of all attendees in the ***ArrowCorps***[5] program, it is necessary to request that all Scouts and adult Scouters with any of the following conditions submit a letter from their health care provider along with a BSA Class 3 Medical health and Record form recommending the degree of participation appropriate for the attendee. Examples of conditions requiring a waiver include, but are not limited to: cardiac problems requiring a medication, diastolic blood pressure more than 99mm Hg, diabetes mellitus under treatment (with insulin or oral medication), marked obesity, recent orthopedic surgery, bronchial asthma, sickle cell anemia, hemophilia, leukemia, server blood dyscrasias, HIV infection, epilepsy, psychiatric illness and/or physical disabilities. BECAUSE OF THE PHYSICALLY CHALLENGING CONDITIONS AT ALL FIVE ***ARROWCORPS***[5] PROJECT SITES, THOSE ARRIVING AT ONE OF THE SITES WITH ANY OF THESE CONDITIONS WITHOUT PREVIOUS CLEARANCE (WAIVER) MAY BE REFUSED ADMITTANCE AND SENT HOME AT THEIR OWN EXPENSE.

PARTICIPANT CODE OF CONDUCT

The general welfare of any group depends on the conduct of each individual member. This will ensure the success of the ***ArrowCorps***[5] program and provide maximum benefit to every participant. As an Arrowman, I understand this and support the reasonable demands of conduct expected of me:

As member of the order of the Arrow, I will:

1. Observe the Scout Oath, Scout Law, Order of the Arrow Obligation and strive to live the Boy Scout Outdoor Code.
2. Attend all planned training, assigned duties during the project and general sessions.
3. Respect those in leadership positions.
4. Wear my official BSA uniform or work clothes as required.
5. Respect all safety procedures and learn to use equipment properly.
6. Be personally responsible for breakage, damage, or loss of property.
7. Observe quite hours.
8. Keep my quarters clean and orderly and dispose of trash in proper receptacle.
9. Have no contact (use or possession) with illegal drugs, including marijuana, and understand that the purchase, possession or consumption of illegal drugs will result in immediate dismissal.
10. Refrain from using or being under the influence of alcoholic beverages on ***ArrowCorps***[5] project sites or in uniform anywhere; refrain from drinking and driving, and will not assist or encourage any staff or participant to obtain alcoholic beverages.
11. Comply with all federal, state and city laws, including those that prohibit the use of fireworks, firearms, and gambling. Infractions of these laws will be cause for immediate dismissal.
12. Follow the BSA's policy on smoking and observe all host facility and local NO-SMOMOKING restrictions.
13. Confine trading and swapping to free periods and designated areas.
14. Not be authorized to sell items on ArrowCorps5 project site(s). I understand that the official trading post is the only source for purchasing items at the project site.
15. At all times, be the considerate guest of the United States Forest Service and project site host.