

# OA — 2014 Ordeal Weekends

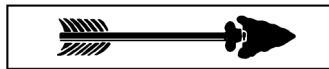
## Order of the Arrow Induction Weekends Information and REGISTRATION FORM for new OA CANDIDATES June—October 2014

Wauna La-Mon'tay Lodge  
**ORDER OF THE ARROW**  
Cascade Pacific Council  
2145 SW Naito Parkway  
Portland, OR 97201  
www.oa-442.org

**SCOUTING**  
**CHANGES LIVES**



Scouts and Scouters who have been elected by their units to become members of the Order of the Arrow must attend an Ordeal Weekend to be inducted into the OA. Wauna La-Mon'tay Lodge conducts five Ordeal weekends throughout the year from which "candidates" can choose to attend. Existing OA members are also welcomed and encouraged to attend any or all of the weekends to help induct our new members, serve on ceremony teams, perform service at our Council camping properties, and participate in the fellowship. Candidates should **complete the reverse side of this form** to register for one of the five Ordeal weekends.



### 2014 Ordeal Weekends

- |   |                     |
|---|---------------------|
| <input type="checkbox"/> Camp Meriwether    | May 16-18, 2014     |
| <input type="checkbox"/> Camp Baldwin       | May 30–June 1, 2014 |
| <input type="checkbox"/> Camp Cooper        | June 6-8, 2014      |
| <input type="checkbox"/> Camp Pioneer       | June 13-15, 2014    |
| <input type="checkbox"/> Scouters' Mountain | Oct. 3-5, 2014      |

### What to bring:

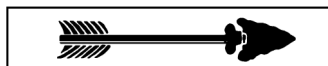
- |  |  |
|--|--|
| <input type="checkbox"/> Sleeping Bag and Pad  | <input type="checkbox"/> Ground Cloth (tarp)     |
| <input type="checkbox"/> Water bottle  | <input type="checkbox"/> Flashlight              |
| <input type="checkbox"/> FULL Scout Uniform  | <input type="checkbox"/> Work Clothes and Gloves |
| <input type="checkbox"/> Weather-appropriate clothes   | <input type="checkbox"/> Rain Gear               |
| <input type="checkbox"/> Backpack for carrying your gear                                     | <input type="checkbox"/> Personal first-aid kit  |
| <input type="checkbox"/> No food -- ALL FOOD WILL BE PROVIDED FOR YOU (except Friday dinner) |  |

Candidates need to complete the reverse side of this form prior to attending an Ordeal Weekend. You can register online at [www.cpcbsa.org/register](http://www.cpcbsa.org/register) and bring the attached form to the weekend for on-site confirmation. Or you can mail your completed form, at least one week prior to the Ordeal weekend to the Portland Council Service Center at 2145 SW Naito Parkway, Portland, OR 97201. If within one week of the scheduled event, please call or register online, then bring this registration form with you to the Ordeal.

Existing OA members should use the "2014 OA Member Event Registration and Health Form" to pre-register for Ordeals, or register online at [www.cpcbsa.org/register](http://www.cpcbsa.org/register).

Cost for OA Candidates is \$40.00, which includes all food for the weekend, a new OA sash, OA handbook, OA Lodge pocket patch, and your 2014 annual OA Membership Dues. You can also optionally purchase a Lodge T-shirt.

Please arrive to the camp on Friday between 7:00 and 8:30 PM. We will be done by 11:00 AM on Sunday. Arrangements can be made for those that require departing on Saturday evening (available after 9:00 PM Saturday).



### Questions? Please feel free to contact either:

Wauna La-Mon'tay Lodge Chief -- Nathan Claus -- 503-734-0894 or [nathanclausbsa@yahoo.com](mailto:nathanclausbsa@yahoo.com)  
Wauna La-Mon'tay Lodge Adviser -- Brad Harris (503) 539-8921 or [brad@oa-442.org](mailto:brad@oa-442.org)

Directions to the various Scout camps can be found at [www.cpcbsa.org](http://www.cpcbsa.org).

Please print clearly

Order of the Arrow


# 2014 ORDEAL CANDIDATE REGISTRATION FORM

FULL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 DISTRICT: \_\_\_\_\_ UNIT #: \_\_\_\_\_ Type of Unit (circle): Troop Team Crew

**Check which 2014 Ordeal weekend you will be attending:**

May 16-18 (Camp Meriwether)     June 6-8 (Camp Cooper)    Fall Ordeal:  
 May 30-June 1 (Camp Baldwin)     June 13-15 (Camp Pioneer)     Oct. 3-5 (Scouters' Mountain)

**WEEK-END FEES**

 The fee for Candidates is \$40.00, which includes all food for the weekend, your OA Lodge flap, OA sash, OA handbook, 2014 Annual Dues (\$10.00). You may also purchase an optional OA Lodge T-shirt (please note size).

Ordeal Weekend Fee ..... \$40.00 \$ \_\_\_\_\_  
 Lodge T-shirt (optional) ..... S, M, L, XL \$12.50  
 ..... XXL, XXXL \$15.00 \$ + \_\_\_\_\_

Please circle size:  
 S M L XL XXL XXXL

**Total Fees Included: \$ \_\_\_\_\_**

**HEALTH HISTORY AND MEDICAL AUTHORIZATION FORM**

**IN CASE OF AN EMERGENCY NOTIFY:** Name: \_\_\_\_\_  Parent  Guardian  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_  Spouse  Other

Health Insurance Company: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_ Date of Last Tetanus Immunization: \_\_\_\_\_

**DO YOU HAVE, OR HAVE A HISTORY OF, ANY OF THE FOLLOWING CONDITIONS? (CHECK IF YES)**

Asthma     Fainting Spells     Diabetes     Heart Condition     Bleeding Disorder     Special Medication  
 ADD/ADHD     Depression     Require Special Care / Disability Facility     Special Diet

**Allergies:**     Food     Plant     Animal     Insect     Toxin     Medication Allergy

**Difficulty With:**     Ears     Eyes     Nose     Throat     Digestion     Lungs     Sleep Walking     Bedwetting

**CHECK HERE IF NONE OF THE ABOVE APPLY**

**Please explain any of the above:** \_\_\_\_\_  
 Please list any medications you are currently taking: \_\_\_\_\_  
 Please list any medical condition(s) we should be aware of, including recent serious illness or injury: \_\_\_\_\_

**Participant:** If I am under the age of 18, I understand that I will be expected to remain in camp for the entire weekend. I will only leave camp with a parent, guardian, or an adult designated by my parent or guardian to act in their behalf.

**Authorization —** I give permission for full participation in BSA programs, subject to limitations noted herein. In case of emergency, I understand every effort will be made to contact the emergency contact listed above. If they cannot be reached, I hereby give my permission to the licensed healthcare practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication.

(Required if participant is under 18)

**Participant Signature:** \_\_\_\_\_ **Parent/Guardian Signature:** \_\_\_\_\_

Please return to **Cascade Pacific Council, BSA Attn: OA 2145 SW Naito Parkway Portland, OR 97201**  
 To receive confirmation of your registration, please send a self addressed stamped envelope in to the office with your registration.

**FOR OFFICE USE ONLY: ACCT: 1-2371-370-00 Receipt # \_\_\_\_\_ AMOUNT Paid: \$ \_\_\_\_\_ Entered: \_\_\_\_\_**