

Delegate Registration Form



Delegate Information:

Name: _____

Address: _____

City State & Zip: _____

Telephone: _____

Email: _____

Date of Birth: _____

Chapter: _____

Lodge Name: _____

Ordeal / Brotherhood / Vigil: _____

Dietary Needs: _____

Emergency Contact:

Name: _____

Relationship: _____

Day Telephone: _____

Evening Telephone: _____

Due Date:

Return to:

Payment:

Include check payable to:

Photo release statement

I hereby give the Section permission to use any photos in which I appear that are taken at Conclave for use in promoting future events.

Signature: _____

Date: _____

Delegate Medical Form

Lodge 296

To be filled out by parent/guardian or adult participant. Please print in ink.		
Delegate Information		
Name:		Email:
Address:		
City	State:	Zip Code:
Phone: ()		Date of Birth:
Circle One:	Ordeal	Brotherhood
		Vigil
Primary Emergency Contact		
Name:		Relationship:
Day Phone: ()		Evening Phone: ()
Secondary Emergency Contact		
Name:		Relationship:
Day Phone: ()		Evening Phone: ()
Medical Information		
Do you: <input type="checkbox"/> have any medical restrictions? <input type="checkbox"/> currently take any medications? <input type="checkbox"/> have any dietary restrictions?		Explain:
Health Insurance Company:		Policy #:
Have or subject to: <input type="checkbox"/> Convulsions <input type="checkbox"/> Asthma <input type="checkbox"/> Fainting Spells <input type="checkbox"/> Bleeding disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Trouble <input type="checkbox"/> Allergy to medication, food, plant, animal, or insect <input type="checkbox"/> A condition requires special care, medication or diet <input type="checkbox"/> NONE OF THE ABOVE APPLY <input type="checkbox"/> Other		Explain:
<input type="checkbox"/> Any condition now requiring regular medication?		Name of medication:
Last Tetanus toxiod date:		
<p>I give my permission for full participation in BSA programs, subject to limitations noted herein. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgment of medical personnel dictates.</p> <p>In case of emergency, I understand every effort will be made to contact me (an adult, my spouse or next of kin). In the event, I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including but not limited to hospitalization, anesthesia, surgery, or injections of medications for my child (or for me, if an adult)</p>		
Participant		Parent or Guardian
Signature:		Signature (if participant under 18 years):
Date: _____		Date: _____

Delegate Memorabilia Order Form



Delegate Information:

Name: _____

Address: _____

City State & Zip: _____

Telephone: _____

Lodge Name: _____

Lodge Number: _____

Chapter: _____

Due Date: 1/31/10 or
ASAP

Return to:

Mark Metzler
316 E. Walnut St.
Goldsboro, NC 27530

Item Description	Qty	Price	Total
Delegate Patch (4 inch)		\$4.00	
Delegate Patch White Border (4 inch)		\$4.00	
Conclave Backpatch (7 inch)		\$10.00	
Conclave Chenille Backpatch (7 inch)		\$20.00	
Conclave Neckerchief (fully embroidered)		\$10.00	
T-shirt (Medium) – 100% cotton		\$13.00	
T-shirt (Large) – 100% cotton		\$13.00	
T-shirt (X-Large) – 100% cotton		\$13.00	
T-shirt (XX-Large) – 100% cotton		\$15.00	
T-shirt (XXX-Large) – 100% cotton		\$17.00	
Section Backpatch (7 inch)		\$10.00	
Section Chenille Backpatch (7 inch)		\$20.00	
SR-7B 100 th Anniversary 4-inch Patch		\$4.00	
SR-7B 100 th Anniv. T-shirt (Medium) – 100% cotton		\$13.00	
SR-7B 100 th Anniv. T-shirt (Large) – 100% cotton		\$13.00	
SR-7B 100 th Anniv. T-shirt (X-Large) – 100% cotton		\$13.00	
SR-7B 100 th Anniv. T-shirt (2X-Large) – 100% cotton		\$15.00	
SR-7B 100 th Anniv. T-shirt (3X-Large) – 100% cotton		\$17.00	
		TOTAL →	