



Ktemaque Lodge #15
 Order of the Arrow, WWW
 Westchester-Putnam Council, BSA
2009 Fellowship Weekend
April 3-5, 2009

Durland Scout Reservation (formerly known as Clear Lake Scout Reservation)
Putnam Valley, NY

Check-in: Friday 9:00 p.m. to 10:00 p.m. at the Campmaster Cabin
 We'll be staying in the Birch, Maple, and Oak cabins.
 (Saturday 10 a.m. to 9 p.m. ONLY participants check-in anytime at the Oak Cabin)
More information is on the Ktemaque Lodge's web site at www.ktemaque.org.

Name _____ Telephone number (_____) _____

Address _____ Over 21 _____ Under 21 _____

Town _____ State _____ Zip+4 _____

Email address _____

Member **\$15.00** (\$20.00 if paid after March 27 deadline)

Brotherhood Quest **\$40.00** (\$45.00 if paid after March 27 deadline)
 (See requirements)

Member (Saturday 10 a.m. to 9 p.m. Only) **\$10.00** (\$15.00 if paid after March 27 deadline)

Brotherhood Quest (Saturday 10 a.m. to 9 p.m. Only) **\$35.00** (\$40.00 if paid after March 27 deadline)
 (See requirements)

Special Food – state restriction and attach note _____

I have a ride.

I can supply rides for _____ number of brothers.

Please contact me. I want to get more involved in our Lodge. Yes _____

Mail this registration form, the Personal Health and Medical Record Class 1 form, and your check to the following, postmarked no later than **March 27, 2009**. Make your check payable to "Westchester-Putnam Council, BSA" and write "**OA Account 1-2371-000-00**" on your check.

Ktemaque Lodge #15, WWW
 Westchester-Putnam Council, BSA
 41 Saw Mill River Road
 Hawthorne, NY 10532-1519

In the compliance with the American with Disabilities Act, Ktemaque Lodge #15, Order of the Arrow, WWW will make all the reasonable efforts to accommodate persons with disabilities at their activities. Please call the Scout Service Center (914) 773-1135 with your request.

If you have questions about the Fellowship Weekend, call Rob Carlson, Lodge Adviser at (914) 528-9331.

Office Use: Date Rec'd _____ Receipt # _____ Amount paid \$ _____



PERSONAL HEALTH AND MEDICAL RECORD CLASS 1

Ktemaque Lodge # 15, WWW Order of the Arrow

Height _____ Weight _____ Eye color _____ Hair color _____

CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY

To be filled out by parent, guardian, or adult participant. Please print in ink.

IDENTIFICATION

Name _____ Date of birth _____ Age _____ Sex _____

Name of parent or guardian _____ Telephone _____

Home address _____ City _____ State _____ Zip _____

Business address _____ City _____ State _____ Zip _____

If person named above is not available in the event of an emergency, notify

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Name of personal physician _____ Telephone _____

Personal health/accident insurance carrier _____ Policy No. _____

Check all items that apply, **past or present**, to your health history. Explain any "Yes" answers.

ALLERGIES: Food, medicines, insects, plants Yes No Explain: _____

GENERAL INFORMATION:	Yes	No	Yes	No	Yes	No		
ADHD (Attention-Deficit Hyperactivity Disorder)	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions/seizures	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>

Explain: _____

Please list ALL medications taken in the 30 days **prior** to arrival at the Scouting activity where this form is to be used: _____

List any **medications to be taken at camp**, including drug, dosage, route (oral, injection, etc.), and frequency: _____

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: _____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: _____

Immunizations: (Give date of last inoculation.)

Tetanus toxoid _____	Measles _____	Polio _____
OR DPT _____	OR MMR _____	_____
Hepatitis A _____	Varicella _____	OR Chicken pox _____
Hepatitis B _____	_____	_____

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 me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

Date _____ Signature of parent/guardian or adult _____

Date updated _____ Signature of parent/guardian or adult _____

Date updated _____ Signature of parent/guardian or adult _____

Some hospitals require the parent/guardian signature to be notarized. Check with your BSA local council.

NAME

TROOP

CAMP SITE