



## Welcome to Tukarica Lodge Ordeal Weekend!

**All vehicles are requested to unload gear and return to the main parking area to provide access for other members. No tents or parking in the designated RV area.**

Information is available at the registration table. All members and candidates please proceed to your assigned campsites and set up before registering. The Adirondacks are off-limits. Please, do not loiter (hang around) on the Parade Grounds or in the main lodge area until the time scheduled. You may become part of the "special duty" crew.

If you have any special needs (medical, dietary, etc.), please let us know during registration. First Aid is provided at any time at the Main Lodge.

Tukarica Lodge is committed to insuring that all Order of the Arrow members, candidates and guests are provided for with respect, and will make accommodations or corrections to insure that every lodge event is safe, enjoyable and free of discrimination or hazing of any type.

**These times are tentative. Please pick-up a schedule upon arrival.**

Campsite set-up in assigned area	6:00 - 8:00 pm
Elangomat meeting in Main Lodge	8:15 - 8:30
Registration in Main Lodge	8:00 - 9:00
Group Assembly on Parade Grounds	9:00

There will be a Lodge Meeting for all members immediately after the Pre-Ordeal Ceremony.

### **Chapter Camping areas**

Meridian	Adults - Red Fir	Youth - Buffalo
Capital	Adults - Pine	Youth - Blue Spruce
Tablerock	Chaparral	
Seven Rivers	Tamarack	
Nampa	Ponderosa	
Camihoma	Yellow Pine	
Mountain Home	Fox	
Butte	Osprey	
Family Camp	Billy Rice	
RV area	by Ranger's house and tent city	



# TUKARICA LODGE

## ORDEAL CODE OF CONDUCT

1. All participants must register with the Council and pay the appropriate fees.
2. All youth members will camp in the designated campsite with their chapter, or the area specified by their elangomat.
3. All members will attend the ceremonies appropriate for their honor level unless excused for reason, i.e. kitchen duty by Tex. **Native American outfits are encouraged if you have them.**
4. All members will observe candidate rules when in the vicinity of candidates.
5. Candidates will be treated with respect.
6. Field uniform with OA sash will be worn for all meals except Sat lunch.
7. All members are expected to attend flag ceremonies. Sat morning ceremony will be done in *silence* since candidates will be present.
8. Vehicles are restricted to the main camp area except for unloading camping gear on Fri and loading on Sunday. Private vehicles will be allowed in other areas of the camp for work projects only as directed by those assigning the projects. **VEHICLES WILL NOT BE ALLOWED TO BE USED TO TRAVEL TO ANY OF THE CEREMONIES.**
9. All members are expected to work on Saturday. Meet in dining hall after flag ceremony for assignments.
10. No firearms (except ceremonial), illegal drugs or alcohol allowed in camp.
11. All members are expected to live up to the ideals of the Scout Oath and Law.
12. It is the duty of all Arrowmen to take corrective action if any of these rules are not being followed or candidates are not observing candidate rules.
13. Everyone needs adequate rest so please observe quiet hours beginning at midnight.
14. **DOGS ARE NOT ALLOWED IN CAMP.** If parents, or those providing transportation, bring a dog or dogs, they must remain QUIETLY in the vehicle, not on a leash outside. Please help us comply.
15. Members only. If you bring your RV, trailer, camper etc. Please remember, part of the purpose of the OA is to promote camping. Refer to item #2. There will be no tent camping in areas designated for RV's.
16. Violation of this code of conduct may result in expulsion from the camp.



Check # \_\_\_\_\_  
Amount \$ \_\_\_\_\_  
Receipt # \_\_\_\_\_  
Office Use: Acct # 1-6801-922-20

Mail to: BSA Order of the Arrow • 8901 W Franklin Rd. • Boise ID 83709

## MEMBER - ORDEAL REGISTRATION

(Please Print)

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Troop or Unit \_\_\_\_\_ District \_\_\_\_\_ Email Address \_\_\_\_\_

I have already completed my Ordeal Weekend and will be attending as a member. Cost: \$20.00 \_\_\_\_\_

I will be attending the Spring Ordeal and going through the Brotherhood Ceremony. Cost: \$35.00 \_\_\_\_\_

## HEALTH HISTORY AND AUTHORIZATION

Health/Accident Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

### Has or subject to (check if yes):

Asthma  Fainting Spells  Convulsions  Allergy to any medication, food, plant, animal, or insects

Diabetes  Heart trouble  Bleeding disorders  Any disorder that may require special care or diet

Check here if none of the above apply

### Has difficulty with (check if yes)

Eyes, ears, nose, or throat  Digestion  Bed-wetting  Lungs  Sleepwalking

Are there any condition currently requiring medication? YES NO Name(s) of medication \_\_\_\_\_

If there are any restrictions of activities for medical reasons, please explain: \_\_\_\_\_

### Immunizations (Indicate date of last inoculation)

Tetanus toxoid \_\_\_\_\_

Polio \_\_\_\_\_

Mumps \_\_\_\_\_

Pertussis \_\_\_\_\_

Diphtheria \_\_\_\_\_

Measles \_\_\_\_\_

Rubella \_\_\_\_\_

### Parental Authorization (if a minor)

This health history is current and correct as far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me above. In the event I cannot be reached in an emergency; I hereby give my permission to any physician selected by the adult leader in charge, to hospitalize, provide proper emergency medical treatment, anesthesia, or to order injection for my son.

I also understand that in the process of the event, photographic or electronic images may be taken by Order of the Arrow officials for the sole purpose of promotion. I grant the Order of the Arrow permission to use my image in non-commercial means. My son has permission to attend this BSA, Order of the Arrow event. I have attached the completed the medical form, reviewed the code of conduct and understand that it is my responsibility to arrange transportation to and from the event and to insure that the driver has filed a tour permit.

Date \_\_\_\_\_

(Signature of Parent/Guardian)

Home Telephone Number \_\_\_\_\_ Business Telephone Number \_\_\_\_\_

Signature of Scout \_\_\_\_\_

This Medical History and Authorization must be completed, signed and returned with registration and payment. Under BSA policy, no scout will be allowed to participate without one.

### Credit Card Authorization

Check for payment is enclosed, or please charge my Credit Card  VISA  MasterCard  Am. Express

Name on Credit Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_