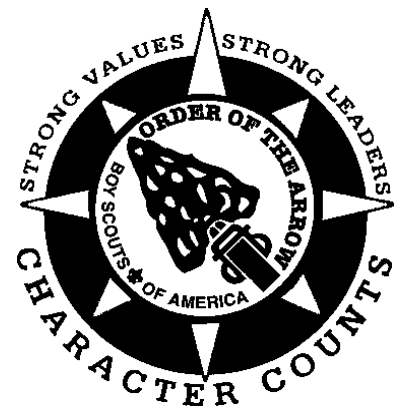


Kit-Ke-Hak-O-Kut Lodge #97

2008 Spring Conclave
Registration

Please complete the
health form on the back
side of this registration



Please select the conclave
you plan to attend

_____ May 2nd - 4th
Camp Cedars

_____ May 9th - 10th
Camp Ashford

Name _____

Address _____

City, State, _____

ZIP _____

Chapter _____

(District) _____ Unit#(Troop) _____

Adult (age 21 & over) _____ Youth (age 20 & under) _____

Ordeal Candidates and
Brotherhood Candidates must
be registered at least one
week prior to the Conclave!

Phone _____ Bus/Cell _____

E-mail address _____

Registration fees:

_____ Ordeal Candidate - \$30.00

_____ Brotherhood Candidate -
\$25.00

_____ Member - \$15.00

_____ Silver Arrow Passport Member —
Please RSVP — no fee

_____ Late Fee for registrations
received in Council office less than
one week prior to conclave - \$5.00

Checks should be made payable to
"Mid-America Council/OA."

Mail your registration to:
Mid-America Council
12401 West Maple Road
Omaha, NE 68164

For payment by credit card ---

Circle card type: Visa MasterCard Discover

Amount _____

Account # _____

Expiration Date _____

Signature _____

Print Name as
listed on Card _____

Credit card payments may be faxed to (402) 431-0444

PERSONAL HEALTH AND MEDICAL SUMMARY

To be filled out by parent or guardian, as required.

IDENTIFICATION

District _____ Unit # _____

Name _____ Date of birth _____ Age _____ Sex _____

If minor, name of parent or guardian _____ Telephone _____

Home address _____ City _____ State _____

Business address _____ City _____ State _____

IF THE 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. _____

Medical information, past or present (please check all; explain all "yes" answers below)

Asthma Yes No Heart Disease Yes No Leukemia Yes No

ADHD Yes No High Blood Pressure Yes No Cancer Yes No

Convulsions Yes No Diabetes Yes No Hemophilia Yes No

Explanations: _____

Allergies: Food Yes No Plants Yes No

Medicines Yes No Insect bites Yes No

Explanations: _____

Any reason to restrict full activity including swimming, long hikes, strenuous physical games? Yes No

List any conditions limiting full participation (Physical or Emotional) _____

Any reason for medicines to be taken at camp? Yes No If child is ADHD please continue treatment while at camp.

List medicines, send ample supplies and directions for use. _____

Any special equipment such as orthopedic or handicap devices, glasses or contacts, dentures? Yes No

What? _____

Immunizations:

Date of last inoculation

Date of last inoculation

Date of last inoculation

Tetanus Toxoid

Polio

Mumps

Diphtheria

Pertussis

Measles

Rubella

In case of emergency, I understand every effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment which may include hospitalization, anesthesia, surgery, or injections of medication for my son.

Date _____

Signature or parent of guardian _____