

Croatan Lodge 2010 Host Delegate Registration Form

Name: _____

Address: _____

City, State & Zip: _____

Telephone: _____ E-Mail: _____

Chapter: _____ Youth or Adult: Y / A

The host lodge delegate fee for the 2010 Conclave will be **\$50.00**. This fee covers registration, insurance, food, conclave patch, host lodge flap, host lodge t-shirt, and host lodge hat.

T-Shirt Size (circle one) S M L XL XXL XXXL

Place a **check mark** in the boxes below to indicate your top three choices for which committee you prefer to serve on. We will do all that we can to honor your choices. Committees will be filled on a first come first serve basis. The earlier you commit, the better your chances are to get on the committee of your choice.

COMMITTEE	1 st CHOICE	2 nd CHOICE	3 rd CHOICE
Campsite Host			
Communications			
Facilities & Grounds			
Food Service			
Garbage & Recycling			
Health & Safety			
Hospitality & VIP			
Indian Affairs			
OAX			
Registration & Finance			
Security & Logistics			
Shows			
Trading Post			

Make checks payable to: **EAST CAROLINA COUNCIL, BSA**

Registration Form & Payment due by **March 21, 2010!**

Mail to:
 Scott Byrum, Lodge Adviser
 204 Porter St
 Tarboro, NC 27886

Delegate Medical Form Lodge # _____

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: _____	