



2009 NATIONAL ORDER OF THE ARROW CONFERENCE



REGISTRATION

Name: _____ DOB: _____

Address: _____

E-mail: _____

Phone: (Home) _____ (Mobile) _____

Is this your first NOAC? Yes No Highest Boy Scout Rank: _____

Medical Information:

- | | | | |
|-------------------------------------|--|---|--|
| Do you have Diabetes? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you had Heart Bypass Surgery? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have Cardiac Disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have Uncontrolled High Blood Pressure? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have Asthma? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have Emphysema? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have COPD? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have Sickle-Cell Anemia? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have HIV? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have Leukemia? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have Seizures? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have any Physical Disabilities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you under Psychiatric Care? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have Severe Obesity? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you require use of a Wheelchair? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you use a Cane? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you use Crutches? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you use a guide animal? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you require an Oxygen Device? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Food Information:

- | | | | |
|----------------------------------|--|-------------------------------|--|
| Do you require Kosher Meals? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have Milk Allergies? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have Egg Allergies? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have Peanut Allergies? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have Tree Nut Allergies? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have Fish Allergies? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have Shellfish Allergies? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have Soy Allergies? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have Wheat Allergies? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | (over) |

REGISTRATION INFORMATION

- ❖ The fee for the conference is \$595 for youth (under 21), \$695 for adults. A **non-refundable** deposit of \$100 is due with this registration form. All fees must be paid by the dates specified below.
- ❖ All contingent members must travel with the contingent. Any requests for exception must be submitted to the Lodge Adviser for consideration.
- ❖ Two-deep leadership will be observed throughout all travel to and from the conference.
- ❖ All participants will be required to obtain a valid Class 3 physical prior to July 1, 2009, and will provide the Contingent Adviser with a valid Health Insurance Card.
- ❖ All participants will execute and abide by the NOAC participation standards agreement.
- ❖ The Scout Oath and Law will be the standards of conduct for all participants.

PAYMENT SCHEDULE	
Payment amount	Due NO LATER THAN
\$100 deposit	February 1, 2009
\$100 interim payment	March 15, 2009
\$195 conference balance	May 15, 2009
\$200 balance (\$300 adults)	July 1, 2009

Parent's Permission

I give my son, _____ permission to attend the 2009 National Order of the Arrow Conference at Indiana University, August 1 to 6, 2009. I authorize the Contingent Leadership to transport him to and from the conference, and grant them the authority to act in my absence for any emergency medical matters. I further understand and have reinforced to my son the standards of conduct that will be in effect to, during, and from the conference.

Signed _____ Date: _____