



Only one member per sheet, please.



Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

e-mail \_\_\_\_\_

_____	\$18.00	Fall Conclave, <b>October 7-9, 2011</b> Custaloga Town
900055		
_____	\$18.00	Winter Conclave, <b>January 6-8, 2012</b> Custaloga Town
900052		
_____	\$5.00	Lodge Banquet, <b>March 10, 2012</b> , TBA
900053		
_____	\$18.00	Spring Conclave, <b>May 4-6, 2012</b> , Custaloga Town
900054		
_____	\$38.00	NE Section 4A Conclave, <b>June 8-10, 2012</b> , Camp Karoondinha
900051		
_____	\$10.00	July Ordeal, <b>July 6-8, 2012</b> , Custaloga Town
900050		
_____	\$10.00	August Ordeal, <b>August 17-19, 2012</b> , Custaloga Town
900050		
_____	<b>Total</b>	<b>Payable to French Creek Council, BSA</b>
		<b>1815 Robison Rd West</b>
		<b>Erie, PA 16509-4999</b>

# Emergency Information and Waiver

Name of Participant: \_\_\_\_\_

In case of emergency, contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

If the person named above is not available, please contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of physician: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Health Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_

The patient's Social Security Number may be requested by the hospital.

Additional information we should know: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In case of emergency, I understand every effort will be made to contact me (if 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 and medication for my son (or if me, if an adult).

Date: \_\_\_\_\_ Signature of parent/guardian or adult \_\_\_\_\_