



PARTICIPANT AGREEMENT AND INFORMATION FORM ORDER OF THE ARROW – BOY SCOUTS OF AMERICA

FORM C Due 05/01/08

– Mark Twain (MT) – Manti-La Sal (MLS) – George Washington & Jefferson (GWJ) – Shasta-Trinity (ST) – Bridger-Teton (BT) –

- A separate copy of this form must be completed for each participant for each site attending.
• Return this form to your council contingent coordinator so they can submit it to the national office with final payment by May 1, 2008.

Council Name: _____ Council Number: _____

Name: _____ Preferred First Name: _____

Birthday (M/D/Y): _____ Gender: ___Male ___Female

Site (Select only ONE per form): ___MT ___MLS ___GWJ ___ST ___BT

Street: _____

City: _____ State: _____ ZIP: _____

Email Address: _____

Phone – Home: _____ Work/School: _____

Phone – Mobile: _____ Service Provider (for Text Messages): _____

Recreation Preferences (rank from most preferred (1) to least preferred for the site you are attending):

MT: ___Silver Dollar City Theme Park ___Canoeing ___Fly Fishing ___Horseback Riding ___White-Water Water Park ___Bass Pro/Wilson’s Creek National Battlefield

MLS: ___18-Hole Golf ___Climbing ___Whitewater Rafting ___Mountain Biking ___Dinosaur Quarry ___Canyon Rock Art Tour

GWJ: ___Lake Activities ___Fly Fishing ___Climbing ___River Canoeing/Kayaking/Tubing ___Hiking ___Mountain Biking ___Local Tour ___Whitewater Rafting

ST: ___Mt. Lassen Volcano ___Lake Activities ___Caving ___18-Hole Golf (Each recreation option takes place in the morning followed by an afternoon at Lake Siskiyou.)

BT: Full-Day Options: ___Yellowstone National Park Tours ___Table Rock Day Hike

Half-Day Options: ___Whitewater Rafting ___Scenic Float Trip ___Mountain Biking (Each half-day option includes half-day trip to Jackson, WY)

For descriptions of each recreation option, please visit the official ArrowCorps5 website at http://event.oa-bsa.org/. All recreation preferences are filled on a first-come-first-served basis. Recreation preferences will be accommodated as space permits; no guarantees are made. Note that certain recreation options are subject to availability, will be accommodated as space permits, and may change prior to the event.



PARTICIPANT AGREEMENT AND INFORMATION FORM ORDER OF THE ARROW – BOY SCOUTS OF AMERICA

In case of emergency, contact:

Name: _____ Relationship: _____

Street: _____

City: _____ State: _____ ZIP: _____

Phone – Home: _____ Work: _____ Mobile: _____

Physician’s Name: _____ Phone: _____

Allergies: _____

Medications: _____

Dietary Needs: _____

Height: _____ Weight: _____

All participants must be compliant with Philmont Height/Weight Restrictions

Present physical condition: _____

Any restrictions on activities: _____

Physical conditions/illnesses/diseases/limitations/etc? _____

Do you wear prescription eyeglasses? ___Yes ___No

Date of Youth Protection Course (M/D/Y): _____

Must be completed within two years of the ArrowCorps5 program for participants 18 years and older. Training available online at www.scouting.org.

Transportation (See www.oa-bsa.org for designated airports and airport transportation fees for each site.)

I plan to travel by: ___Private Vehicle ___Charter Bus ___Commercial Airline ___Other: _____

If by airline, I will need transportation from the airport and fees (if any) are included: ___Yes ___No

Arrive: Airport: _____ Date: _____ Time: _____ am/pm Airline: _____ Flight Nbr: _____

Depart: Airport: _____ Date: _____ Time: _____ am/pm Airline: _____ Flight Nbr: _____



PARTICIPANT AGREEMENT AND INFORMATION FORM ORDER OF THE ARROW – BOY SCOUTS OF AMERICA

I can provide the following for use on/during the project execution (if it becomes necessary), and I am willing to attend the necessary safety classes to be trained in the proper use of the equipment during/on this project:

- GPS handheld unit: Manufacturer ___Magellan ___Garmin ___Lowrance ___Brunton ___Other: ___
GPS vehicle unit: Manufacturer ___Magellan ___Garmin ___Lowrance ___Brunton ___Other: ___
GPS unit can accept downloadable files of way points and/or point of interest: ___Yes ___No
Passenger van (for possible transport of personnel to and from worksites)
Utility van (for possible transport of equipment, materials and/or tools to and from worksites)
Extended or crew cab pick-up truck (for transport of participants, equipment, materials to and from worksites)
Number of passengers that could occupy above vehicle, excluding the driver, with each occupant in a seat belt

I have been trained in the methods of construction and/or maintaining trails:

- ___HAT or other Trail Boss program ___PCT Association Training ___Other: ___

I have been a participant (indicate years):

- Philmont OATC (___) Wilderness Voyage OAWV (___) Seabase OAOA (___)

I have the following safety inspection training: _____

I have the following medical training / certification (e.g. M.D., EMT, First Responder): _____

I have a state-issued commercial drivers license: ___No ___Yes (if yes, which state): _____

I have a technical background (such as radios, computers, engineering, building construction, industry/trade, handyman, painter) Specify: _____

I have other specialty training: _____

— Please retain a copy of this form for your records —

I agree to abide by the Participant Code of Conduct and to the terms of the Statement of Understanding (Participant), as provided in this document.
Applicant Signature: _____ Date: _____
Applicant Name (Print): _____
Parent/Guardian Signature (if under 18 years of age): _____ Date: _____
Parent/Guardian Name (Print): _____

I certify that the participant submitted above is a registered member in good standing of the Boy Scouts of America and my OA lodge and hereby give my approval for his/her participation in the ArrowCorps5 program.
Council Scout Executive (or Designee) Signature: _____ Date: _____
Council Scout Executive (or Designee) Name (Print): _____



**PARTICIPANT AGREEMENT
AND INFORMATION FORM**
ORDER OF THE ARROW – BOY SCOUTS OF AMERICA

PLEASE KEEP THIS PAGE FOR YOUR INFORMATION

Checklist for participating in *ArrowCorps*⁵:

___ Go to www.oa-bsa.org to visit the online Trading Post. Although there will be a small Trading Post at each *ArrowCorps*⁵ site, quantities will be limited and not all items will be available. Order online by April 1, 2008 to ensure that you receive your merchandise before the event.

___ Check www.oa-bsa.org and stay in touch with your council contingent coordinators for periodic updates.

___ Check www.oa-bsa.org after February 1, 2008 to see the recommended personal gear and equipment list, customized for each site.

___ Be compliant with Philmont Height / Weight restrictions prior to arrival at *ArrowCorps*⁵. See www.oa-bsa.org for details.

___ Complete the *ArrowCorps*⁵ Medical Form, available at www.oa-bsa.org after February 1, 2008. This is different than the BSA Class III medical form and is required for all participants and staff. This form requires a physician's signature, so plan accordingly. Bring the *ArrowCorps*⁵ Medical Form with you in-hand upon arrival.

___ Arrive at the designated site on the designated arrival day. See www.oa-bsa.org for details for each site.

PLEASE KEEP THIS PAGE FOR YOUR INFORMATION

PARTICIPANT CODE OF CONDUCT

The general welfare of any group depends on the conduct of each individual member. This will ensure the success of the *ArrowCorps⁵* program and provide maximum benefit to every participant. As an Arrowman, I understand this and support the reasonable demands of conduct expected of me.

As a member of the Order of the Arrow, I will:

1. Observe the Scout Oath, Scout Law, Order of the Arrow Obligation and strive to live the Boy Scout Outdoor Code.
2. Attend all planned training, assigned duties during the project and general sessions.
3. Respect those in leadership positions.
4. Wear my official BSA uniform or work clothes as required.
5. Respect all safety procedures and learn to use equipment properly.
6. Be personally responsible for breakage, damage, or loss of property.
7. Observe quiet hours.
8. Keep my quarters clean and orderly and dispose of trash in proper receptacle.
9. Have no contact (use or possession) with illegal drugs, including marijuana, and understand that the purchase, possession or consumption of illegal drugs will result in immediate dismissal.
10. Refrain from using or being under the influence of alcoholic beverages on *ArrowCorps⁵* project sites or in uniform anywhere; refrain from drinking and driving, and will not assist or encourage any staff or participant to obtain alcoholic beverages.
11. Comply with all federal, state and city laws, including those that prohibit the use of fireworks, firearms, and gambling. Infractions of these laws will be cause for immediate dismissal.
12. Follow the BSA's policy on smoking and observe all host facility and local NO-SMOKING restrictions.
13. Confine trading and swapping to free periods and designated areas.
14. Not be authorized to sell items on *ArrowCorps⁵* project site(s). I understand that the official trading post is the only source for purchasing items at the project site.
15. At all times, be the considerate guest of the United States Forest Service and project site host.

STATEMENT OF UNDERSTANDING (PARTICIPANT)

I certify that I am in good health, and know of no personal physical limitations that would prevent my full participation the *ArrowCorps⁵* program.

I understand that this application includes my request for personal accident insurance to be purchased on my behalf, and that the cost of this insurance is included in the program fee.

I have read the *ArrowCorps⁵* Code of Conduct listed below and agree to the rules and regulations therein. I understand that if I am under the age of 18 during my participation, I will be responsible to my adult adviser.

For value received, I hereby consent to the use of my (or my son's if participant is under 18) name, voice, and/or pictures by the Boy Scouts of America, and/or any movie, news, or broadcasting companies or their licensees for broadcasting, direct exhibition, publication, and subsidiary purposes. Such uses will not be made which would constitute a direct endorsement by said Scout or adult Scouter of any product or service.

In the event of illness or injury to me or to the youth member named on the front of this application (if participant is under 18, and you are the legal or natural guardian) during the *ArrowCorps⁵* program, I do hereby give consent for treatment. I hereby authorize the physicians and their associates of the *ArrowCorps⁵* program to perform such diagnostic, medical, and/or surgical treatment on my son or myself as may be deemed medically necessary in order to assure the safety of my son or myself. It is distinctly agreed and

understood that the physicians and their associates named above shall not be responsible in any way for any consequences resulting from said diagnostic, medical, and/or surgical treatment and are fully released from all claims and demands whatsoever which may arise, grow out of, or be incident to such diagnosis, treatment, or surgery insofar as the law allows. I agree to indemnify and hold harmless, the above-named physicians and their associates, representatives, officers and agents from any and all consequences of such treatment, diagnosis, or surgery provided these duties are performed with ordinary care and to the best of their ability.

In order to ensure the safe participation of all attendees in the *ArrowCorps⁵* program, it is necessary to request that all Scouts and adult Scouters with any of the following conditions submit a letter from their health care provider along with a BSA Class 3 Medical Health and Record Form recommending the degree of participation appropriate for the attendee. Examples of conditions requiring a waiver include, but are not limited to: cardiac problems requiring medication, diastolic blood pressure more than 99mm Hg, diabetes mellitus under treatment (with insulin or oral medication), marked obesity, recent orthopedic surgery, bronchial asthma, sickle cell anemia, hemophilia, leukemia, severe blood dyscrasias, HIV infection, epilepsy, psychiatric illness and/or physical disabilities. **BECAUSE OF THE PHYSICALLY CHALLENGING CONDITIONS AT ALL FIVE ARROWCORPS⁵ PROJECT SITES, THOSE ARRIVING AT ONE OF THE SITES WITH ANY OF THESE CONDITIONS MAY BE REFUSED ADMITTANCE AND SENT HOME AT THEIR OWN EXPENSE.**