



Clinton Valley Council, BSA ~ 1100 County Center Dr. West - Waterford, MI 48328

Order of the Arrow

Chippewa Lodge #29 W.W.W.

Event Registration Form

Name of event: _____	Date of event: _____
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Name _____	Unit _____	Birth date _____
Address _____	City _____	Zip _____
Phone (_____) _____	District/Chapter _____	Boy Scout Rank _____

Registration Fee: _____
Please return to the council office at least 2 weeks prior to the event at the address above.

Medical Information:
Healthcare Provider: _____ Policy Number: _____
Any medical conditions or allergies that should be known (including medication): _____

In the case of an emergency please contact:
Name: _____ Relationship: _____
Phone:(_____) _____

If you are an adult, please indicate any specific skills that could be of interest (i.e. carpentry, electrical, plumbing, etc.): _____
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*Parent Signature required if participant is under the age of 18
My son, named above, has my permission to attend this event. In the event of any emergency, the adult leader in charge has my permission to arrange for medical service and admission without incurring personal liability. In the event of illness or accident during this event, I request that measures be instituted without delay as the judgment of medical personnel dictates.
*Signature: _____