

NETOPALIS SIPO SCHIPINACHK



The Season pass allows you to register and pay once for almost all Lodge Events! This doesn't cost any more than if you were to pay for each event individually. This comes with the following:

- 2019 Dues
- 2019 Fellowship
- SR2 Ordeal
- CT Ordeal
- OA Fun Day
- Lodge Banquet
- LLD @ SR2
- WR Ordeal
- SR2 Winter Ordeal

It only costs \$135

\*\*\* It is important that you provide an accurate email address so that you may receive important information regarding the season pass\*\*\*

First \_\_\_\_\_ Last \_\_\_\_\_ BSA ID# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

P hone \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

E-mail \_\_\_\_\_

Unit \_\_\_\_\_ District/ Chapter \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Other Contact \_\_\_\_\_ Phone \_\_\_\_\_

Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

List any medications to be taken at camp, allergies, health conditions, dietary needs, special medical equipment, etc. \_\_\_\_\_

Immunizations (list last inoculation.)

Tetanus \_\_\_\_\_ Measles \_\_\_\_\_ Polio \_\_\_\_\_ Pertussis \_\_\_\_\_

Mumps \_\_\_\_\_ Diphtheria \_\_\_\_\_ Rubella \_\_\_\_\_

I give permission for full participation in BSA programs, subject to limitations noted herein. In case of emergency, I understand that every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event that I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery or injections to medication for my child (or me, if participant is an adult).

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

Questions? Email: nss209adviser@gmail.com	Mail to: Longhorn Council, BSA OA-Season Pass P.O. Box 54190 Hurst Texas 76054-0190
Make Checks Payable to: Longhorn Council	