



WEWANOMA LODGE

Summer Ordeal Weekend

August 12-14, 2016





Greetings!

Welcome to the 2016 Summer Ordeal! We have a great weekend planned that will include one of the largest classes of new ordeal candidates in quite some time. There will be a good mixture of fun, fellowship and cheerful service for all to share and be proud of as we celebrate the 101th anniversary of the Order of the Arrow.

Registration is open and available online at the Rio Grande Council website. Please register early so that we can have an accurate meal headcount. Also, registering early will help us prepare all the materials we need for a great Ordeal and Brotherhood ceremony.

Weekend Schedule at a Glance (Subject to Change)

Friday - August 12, 2016

6:00 – 7:30 pm	Check-in at OA Lodge
8:00 pm	Welcome and Announcements
9:00 pm	Pre-Ordeal Ceremony
10:00 pm	Lodge Member Fellowship

Saturday – August 13

7:30 am	Flag Raising and Breakfast
8:30 am	Cheerful Service Projects
12:00 pm	Lunch
1:00 pm	Cheerful Service Projects
4:00 pm	Brotherhood Candidate Meeting
5:00 pm	Brotherhood and Ordeal Ceremonies
6:30 pm	Celebratory Feast
7:15 pm	Fellowship Games
8:30 pm	Free Swim and Games

Sunday – August 14

7:30 am	Flag Raising and Breakfast
8:15 am	Scouts Own Service
9:30 am	Lodge Meeting and Elections
10:00 am	Chapter Meetings
11:00 am	Closing Ceremony



Ordeal Candidates



Congratulations! You have been selected by your troop to be a candidate for membership in the Order of the Arrow. Your weekend begins with check-in on Friday, August 12th at 6:00 pm and then an important gathering with other candidates at 7:30 pm in the bowl.

Please do not be late and do not make plans to leave early. Make certain to eat a hearty meal before you arrive at camp on Friday evening as no dinner will be served. Plan on bringing the following items for the weekend (a backpack is recommended):

Class A Uniform & Class B shirt	Bedroll/Pillow	Sunscreen
Under clothes/socks	Ground Cloth	Bug Spray
Work Clothes	Rain Gear	Personal First Aid Kit
Swim Trunks	Personal Toiletries/Towel	Prescription Medications
Hat/Cap	Flashlight	Paper & Pen
Work Gloves	Water Bottle	Tent for Saturday Night

Note: Be sure to borrow a tent from your troop to bring out to camp. We recommend you share a tent with another member of your troop. Also, don't forget to eat before coming out to camp on Friday as supper will not be served.

The Ordeal will take place in all weather conditions so be prepared in the event of rain or shine. You do need to report in your official scout uniform. The fee for your Ordeal weekend is \$45 and covers your sash, patch flap, Order of the Arrow handbook, dues, materials and meals. To register and pay your registration fee before the deadline please go to the Rio Grande Council website at www.riograndecouncil.org. Please email the lodge chief or lodge adviser with any questions you have.

Lodge Chief Email: www.wewanomalodgechief@gmail.com

Lodge Adviser Email: www.wewanomalodgeadviser@gmail.com



Brotherhood Candidates and Fellowship Registrants



Brothers, your weekend begins with registration at 6:00 pm on Friday and continues with participation in the Pre-Ordeal ceremony and then fellowship in the lodge/mess hall area. On Saturday, we will tackle some meaningful projects around camp, participate in the Brotherhood and Ordeal ceremonies, enjoy the celebratory feast and then fun and games on Saturday evening. Lodge and chapter elections and meetings will take place early Sunday.

The fee for Brotherhood candidates is \$40 to cover your sash, materials and meals. Fellowship registration is \$20 for meals and materials. To register and pay your registration fee before the deadline please go to the Rio Grande Council website at www.riograndecouncil.org. The recommended equipment list for the weekend is:

Class A Uniform & Class B shirt	Bedroll/Pillow	Sunscreen
OA Sash & Handbook	Ground Cloth	Bug Spray
Under clothes/socks	Rain Gear	Personal First Aid Kit
Work Clothes	Personal Toiletries/Towel	Prescription Medications
Swim Suit	Flashlight	Tent for Saturday Night
Hat/Cap/Work Gloves	Water Bottle	Paper & Pen

Note: Please note that we will be camping as a group in one large camping area. Be sure to borrow a tent from your troop to bring out to camp. We recommend you share a tent with another member of your troop. Also, don't forget to eat before coming out to camp on Friday as supper will not be served.

Medical Forms & Youth Protection

All Candidates must present their current Boy Scout Medical Forms part A & B (part C if available) upon check in. The Medical Forms will be kept secured but available in case of emergency and will be returned upon check out on Sunday. For your convenience a copy of BSA Medical Form parts A & B are included in the back of this packet.

In addition, the Boy Scouts of America requires that all participants 18 years or older have proof of Youth Protection training. This training must be taken every two years and is evidenced by a certificate of completion available on the scouting.org website or through a card/certificate indicating the YPT live training performed at council or camp facilities. Please be sure to bring a copy of your completed certificate to submit at the weekend check-in.

Membership Dues

Please remember that your membership in the Order of the Arrow is only current if your \$10.00 dues are paid. If you need to pay your 2015 dues please do so by logging on to the council website, www.riograndecouncil.org, and clicking the "Order of the Arrow" tab. You may then scroll down toward the bottom of the page to click the "Pay Dues" tab.

Lodge and Chapter Elections

It's that time of year to elect our new lodge and chapter officers. If you are an Arrowman (under the age of 21) and are interested in running for a lodge position please fill out the Officer Information and Nomination form located in the rear pages of this packet. Be sure to get the approval and signature of your Scoutmaster and then submit the form to the Lodge Adviser no later than Friday, August 12th at mid-night.



Lodge Positions:

Lodge Chief
Vice Chief of Service
Vice Chief of Ceremonies
Secretary
Treasurer

Chapter Positions:

Chapter Chief
Vice Chief of Service
Vice Chief of Ceremonies
Secretary
Treasurer

All officers must be under 21 years of age for the entire duration of his elected term, and must be a registered member of the BSA and dues paying member of the lodge.

The Lodge Chief is responsible for the Lodge Program. He should not have to do everything, rather he delegates, supervises and guides those who serve under him. He serves on the Key 3, with the Lodge Adviser, and Staff Adviser. He will attend all appropriate meetings of the council, section, region, and national OA functions, including Lodge Key 3 Meetings (as scheduled by the Key 3) and Section Council of Chief meetings.

All Arrowmen who are interested in running for Lodge Chief must meet with the Lodge Key Three (Lodge Chief, Lodge Adviser and Scout Executive) before the ordeal weekend commences.

Chapter Elections

Chapter elections will take place at the summer Ordeal weekend (usually on Sunday morning). The positions available are the same as those offered at the lodge level but will be chapter level positions. See above.





Wewanoma Lodge 272

Order of the Arrow, Boy Scouts of America

LODGE OFFICER INFORMATION & NOMINATION FORM

This form has been developed to aid an Arrowman in the approval process to run for a Lodge Office as well as provide a description of the duties and expectations.

- **THE PURPOSE OF THE LODGE OFFICER IS TO SUPPORT THE LODGE.**
- **All officers must be younger than 21 years of age for their entire term of office.**
- If an Arrowman runs for office, he must be prepared to fulfill the duties of the office. PLEASE CONSIDER THE RESPONSIBILITY AND TIME NECESSARY TO FULFILL THE OFFICIAL DUTIES. BE SURE TO SPEAK WITH THE LODGE ADVISER ABOUT ANY QUESTIONS OR CONCERNS YOU HAVE REGARDING THE FULFILLMENT OF DUTIES.
- If you are running for the Lodge Chief position you must meet with the Lodge Key 3 before the Ordeal weekend. Prepare a letter explaining why you intend to run for Lodge Chief and submit it to the Lodge Adviser at: wewanomalodgeadviser@gmail.com.

Please remember that all candidates must obtain the permission and signature of their Scoutmaster, or his/her designee. The Lodge Adviser must receive all completed Information & Nomination forms before midnight of the first evening of Ordeal weekend. Late forms will not be accepted.

OFFICER ATTENDANCE

- Officers of Wewanoma Lodge are required to attend Lodge Executive Council meetings (LECs), Key 3 meetings (Lodge Chief), Lodge Leadership Development training, Pow Wow Weekend, Ordeal Weekends, and all other Lodge/Chapter events during the year.
- The Lodge Chief is required to attend the Southern Region 2-3 South Council of Chiefs meetings.
- Officers are encouraged to attend as many chapter functions as possible. These are opportunities to strengthen the bonds between the Lodge and Chapter.
- Officers are expected to remain active in their home troop and/or crew.
- Officers must be able to provide their own transportation to all events.

UNIFORM

- Officers of Wewanoma Lodge are required to be in a proper, clean scout uniform whenever representing the Wewanoma Lodge, Order of the Arrow, Rio Grande Council.

- Since the Order of the Arrow is a unit of the Boy Scout program, officers are expected to wear the tan Scout shirt and green pants or shorts of the Boy Scout Supply Group, regardless of their personal unit registration.
- Uniform patches must be placed correctly according to the Scout handbook and official insignia guide.

OFFICIAL DUTIES

- Most duties are found in the Guide to Officer and Advisers; a copy of this can be found at the National Order of the Arrow website.
- All officers are expected to communicate with the Lodge Adviser, or his designee, on a regular basis throughout the program year.
- Certain expenses will be reimbursed. All officers must adhere to the Council Expense Policy.

PERSONAL COMMITMENT

- Being a Lodge Officer is a huge commitment. The official duties involve a significant amount of time, energy and travel.
- Scouting activities are secondary to family, church and school responsibilities.
- If your present responsibilities are time demanding (sports teams at school, difficult school classes, heavy family responsibilities, etc.) then carefully consider where the OA fits into your time schedule before running for Lodge office.



Wewanoma Lodge 272

Order of the Arrow, Boy Scouts of America

LODGE OFFICER INFORMATION & NOMINATION FORM

Name _____ Chapter _____

Address _____ Cell Phone (____) _____

_____ Email _____

School & Year completed _____ Birth Date ____ / ____ / ____

Scouting Rank _____ OA Honor (circle) O B V

Conclaves Attended _____ NOACs Attended _____

Lodge Office Sought _____

OA positions held (Chapter, Lodge, Section) _____

Positions in Scouting (other than OA) _____

Current Unit and Position _____

Reason(s) for wanting to be a Lodge Officer _____

I understand the obligations of being a Lodge Officer. I agree to take an active leadership role if elected and to fulfill my assigned responsibilities timely and to the best of my abilities.

Arrowman's Signature _____ Date ____ / ____ / ____

Parent's Signature _____ Date ____ / ____ / ____

I endorse the candidacy of this youth from my troop. I believe he will be a positive influence upon the Scouting program.

Scoutmaster Signature _____ Date ____ / ____ / ____

I have discussed the obligations and responsibilities with the candidate and believe will be a positive influence upon the program and the youth of the Order of the Arrow and Scouting in general.

Lodge Adviser Signature _____ Date ____ / ____ / ____



Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____
 DOB: _____

High-adventure base participants:
 Expedition/Troop No.: _____
 or staff position: _____

Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about these activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§ 160.103, 164.501, etc., seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continuously monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.

List participant restrictions, if any: None

I understand that, if any information I've provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont, Philmont Training Center, Northern Tier, Florida Sea Base, or the Summit Bechtel Reserve, I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Second parent/guardian signature for youth: _____ Date: _____

(If required, for example, California)

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:

You must designate at least one adult. Please include a telephone number.

Name: _____
 Telephone: _____

Name: _____
 Telephone: _____

Adults NOT Authorized to Take Youth To and From Events:

Name: _____
 Telephone: _____

Name: _____
 Telephone: _____





B

Part B: General Information/Health History

Full name: _____
DOB: _____
 Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____
Address: _____
 City: _____ State: _____ ZIP code: _____ Telephone: _____
 Unit leader: _____ Mobile phone: _____
 Council Name/No.: _____ Unit No.: _____
 Health/Accident Insurance Company: _____ Policy No.: _____

High-adventure base participants:
 Expedition/crew No.: _____
 or staff position: _____


Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.


In case of emergency, notify the person below:
 Name: _____ Relationship: _____
 Address: _____ Home phone: _____ Other phone: _____
 Alternate contact name: _____ Alternate's phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	Last HbA1c percentage and date:
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension (high blood pressure)	
<input type="checkbox"/>	<input type="checkbox"/>	Adult or congenital heart disease/heart attack/heart pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedures. Explain all "yes" answers.	
<input type="checkbox"/>	<input type="checkbox"/>	Family history of heart disease or any sudden heart-related death of a family member before age 50.	
<input type="checkbox"/>	<input type="checkbox"/>	Stroke/TIA	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	Last attack date:
<input type="checkbox"/>	<input type="checkbox"/>	Lung/respiratory disease	
<input type="checkbox"/>	<input type="checkbox"/>	COPD	
<input type="checkbox"/>	<input type="checkbox"/>	Ears/eyes/earwax/ear problems	
<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal condition/muscle or bone issues	
<input type="checkbox"/>	<input type="checkbox"/>	Head injury/concussion	
<input type="checkbox"/>	<input type="checkbox"/>	Altitude sickness	
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric/psychological or emotional difficulties	
<input type="checkbox"/>	<input type="checkbox"/>	Behavioral/neurological disorders	
<input type="checkbox"/>	<input type="checkbox"/>	Blood disorders/sickle cell disease	
<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells and dizziness	
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	
<input type="checkbox"/>	<input type="checkbox"/>	Seizures	Last seizure date:
<input type="checkbox"/>	<input type="checkbox"/>	Abdominal/stomach/digestive problems	
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease	
<input type="checkbox"/>	<input type="checkbox"/>	Excessive fatigue	
<input type="checkbox"/>	<input type="checkbox"/>	Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	List all surgeries and hospitalizations:	Last surgery date:
<input type="checkbox"/>	<input type="checkbox"/>	List any other medical conditions not covered above:	

B

Part B: General Information/Health History

Full name: _____
 DOB: _____

High-adventure base participants:
 Expedition/crew No.: _____
 or staff position: _____

Allergies/Medications

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Medication		<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Food		<input type="checkbox"/>	<input type="checkbox"/>	Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN. IF ADDITIONAL SPACE IS NEEDED, PLEASE INDICATE ON A SEPARATE SHEET AND ATTACH.

Medication	Dose	Frequency	Reason

YES NO Non-prescription medication administration is authorized with these as captions: _____

Administration of the above medications is approved for youth by:

 _____ /  _____
 Parent/guardian signature MD/DO, NR, or PA signature (if your state requires signature)

!

Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.

!

Immunization

The following immunizations are recommended by the DGA. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perussis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polio	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Influenza	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., Hib)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exemption to immunizations (form required)	

Please list any additional information about your medical history:

DO NOT WRITE IN THIS BOX
Review for camp or special activity

Reviewed by: _____
 Date: _____
 Further approval required: Yes No
 Reason: _____
 Approved by: _____
 Date: _____