

2011 SUMMER FELLOWSHIP

Camp LAKOTA

June 24-26, 2011



The Summer Fellowship at Camp Lakota is full of Fellowship, Friendship, Fun and Cheerful Service!

Check-in begins at 6 p.m. on Friday night and check-out is after 10 a.m. on Sunday. Current eligible Ordeal members are **STRONGLY ENCOURAGED** to get their Brotherhood at this event. The Vigil Honor will also be conducted. All Vigil Honor members are encouraged to attend. There will be NO Ordeal ceremony at this event.

REGISTER NOW BY RETURNING THE FORM BELOW WITH YOUR REGISTRATION FEE(S)

2011 Lakota Lodge Summer Fellowship

Please return by June 10, 2011

Name: _____ E-mail: _____

Youth <input type="checkbox"/> or Adult <input type="checkbox"/> Troop: _____ If Attending With Troop <input type="checkbox"/> Please Check Box	District (circle one): Blackhawk North Woods Pathfinder Signal Hill
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Registering as:	By June 10	After June 10	Mail to:
___ Vigil Candidate:	\$15.00	\$20	Northwest Suburban Council 600 N. Wheeling Road Mt. Prospect, IL 60056 Account # 1-2371-035-00
___ Brotherhood Candidate:	\$25.00	\$30	
___ General Membership	\$15.00	\$20	
___ and Non-member:			
___ I hold the Vigil Honor and plan to attend the breakfast			

Total Enclosed: _____
 Any Allergies or illnesses we need to know about? _____
 Any medications we need to know about? _____
 Emergency contact: Name _____ Phone: _____

Lodge permission slip required for all youth (next page).



Order of the Arrow, Lakota Lodge #175 Event Permission Form

I hereby authorize my son, _____, to travel to and from and to participate in an activity with Lakota Lodge #175 for the **2011 Summer Fellowship** located at **Camp Lakota, Woodstock, IL** for the dates **June 24 to June 26**.

In the case of an accident or emergency, I authorize the adult leaders accompanying the Lodge and Boy Scouts on this activity to do what they deem necessary to properly care for my son, including seeking emergency medical treatment for him.

I agree and acknowledge that I shall be financially responsible for all costs arising from any medical treatment received by my son on this activity. I authorize the release and the use of the below listed Medical Insurance Information. I hereby indemnify and hold harmless and release from liability from any and all claims or actions arising out of this activity, the adult leaders accompanying the Boy Scouts on this activity, the Boy Scouts of America, the Northwest Suburban Council, Order of the Arrow, Lakota Lodge #175, and all membership/leadership/volunteers of the preceding groups, and waive all rights to damages in any form that may occur in connection with this activity.

Medical Insurance Information:

Medical Insurance Carrier _____ Policy Number _____

List medications needed for this activity: _____

In case of emergency, I can be contacted at the following numbers during this activity:

Parent's Name: _____

Home Phone: _____

Additional number(s): _____

Talent Release Form

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child by the Boy Scouts of America, and I hereby release the Boy Scouts of America from any and all liability from such use and publication. I hereby 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 Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

Yes

No

Parent Signature: _____ **Date:** _____