



2012 Cony Party (Ordeal) Candidate Information Sheet

Dear Candidate,

Recently you were elected by members of your unit to become eligible for membership in the Order of the Arrow. Your selection signifies that you live up to the Scout Oath and Law and that you are indeed an honored camper. I offer you congratulations on behalf of your Chapter and Lodge. However, before becoming a member you must first undergo an Ordeal to test your sincerity and worthiness. Below is some valuable information you should know. I look forward to greeting you and welcoming you into our honored Order!

Zach Herzog
2012 Lodge Chief

UPCOMING ORDEALS: Candidates must complete their Ordeal within one year of election as a candidate. Failure to do so will require being re-elected or (for adults) being re-nominated by your unit or district. Your opportunities to do this in 2012 are:

1. Cony Party #1: May 4-6 at Camp Peaceful Valley
2. Cony Party #2: May 11-13 at Camp Peaceful Valley
3. Cony Party #3: August 17-19 at Camp Peaceful Valley
4. Cony Party #4: October 5-7 at Camp Tahosa

*** Note: you may attend any of the Cony Parties—the lodge is hosting each of these events*

REGISTRATION: to register for a Cony Party, please visit www.tahosalodge.org. Participant fees for the weekend are \$40, which covers your 2012 OA dues, costs for the weekend (food, insurance) and all of your new member materials (OA Sash, lodge pocket flap, OA pocket ribbon, OA handbook). Walk-up registrations are not accepted. If you have any concerns or questions, please contact Rick Swank, Tahosa Ordeal Adviser at rlsemail@msn.com.

SCHEDULE FOR THE WEEKEND: Check in will be between 5p – 7p on Friday evening (at Peaceful Valley, check-in at Dobbins Headquarters; at Camp Tahosa, check-in at the dining hall). The Cony Party will end at approximately 9:30 a.m. on Sunday. Candidates should plan on being at the Cony until this time (unless religious obligations require otherwise) so please schedule transportation home accordingly. Come dressed in work clothes with a warm jacket for the evening. Also, make sure you *eat before arriving*, as no dinner or cracker barrel will be provided Friday night.

HEALTH INFORMATION: When you register, download the **Health Information Form**. Make sure you bring the completed form (Parts A-B) with you and present at registration on Friday evening. If you have any food allergies, medications, or physical limitations, please note these during the online registration process **and** during Friday-evening check-in. There will be a qualified first-aid officer at the Ordeal throughout the weekend.



WHAT TO BRING: Here is the list of what you will need for the weekend. There will be some hiking involved, so packing these items in a backpack is suggested. Arrive at camp Friday evening in your work clothes and a warm jacket with the following items:

- | | |
|--|--|
| <input type="checkbox"/> Completed Health Form with parent signatures (<i>for those under 18 years old</i>) | <input type="checkbox"/> Rain Gear |
| <input type="checkbox"/> Sleeping bag | <input type="checkbox"/> Clothes appropriate for the weather (<i>both day and night</i>) |
| <input type="checkbox"/> Tent (<i>with a your name on a label/tag</i>) and ground cloth (<i>if you want to share with a friend that is fine</i>) | <input type="checkbox"/> Sleeping pad and/or 2 nd ground cloth |
| <input type="checkbox"/> Canteen / Water bottle | <input type="checkbox"/> Sun screen |
| <input type="checkbox"/> Work Clothes (<i>wear these to the event and be prepared to have them stained, painted on, etc.</i>) | <input type="checkbox"/> Complete Class A uniform |
| <input type="checkbox"/> Work Gloves (<i>leather recommended</i>) | <input type="checkbox"/> Personal grooming items (<i>toothbrush, towel, soap, etc.</i>) |
| | <input type="checkbox"/> Flashlight |
| | <input type="checkbox"/> Small notepad and pen |
| | <input type="checkbox"/> <i>Optional:</i> money for lodge trading post |

WHAT NOT TO BRING: electronic games, radios, cell phones, etc. etc. Also, you don't need a watch.

MONEY: you don't need any money for the weekend, but, if interested, the Tahosa Lodge trading post will be open on Saturday night if you are interested in purchasing any lodge items (patches, shirts, hats, etc.) for wear once you have joined the lodge

WHO TO CONTACT: In the event of a bona fide emergency that requires contact with a candidate during the Ordeal weekend, please use these contact points:

- Rick Swank (Ordeal Adviser and onsite adult leader): 303-210-0709
- Dave Huffine (Camp Peaceful Valley Ranger): 303-648-8889
- Marc Lyman (Camp Tahosa Ranger): 303-440-4040
- Joey Quick (Order of the Arrow staff adviser): 303-947-7961

Kodiak Chapter – Order of the Arrow



What is the Order of the Arrow?

The Order of the Arrow (OA) is the National Honor Society of the Boy Scouts of America.

Kodiak Chapter has a membership of over 200+ strong.

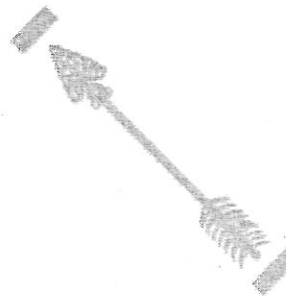
Typical Chapter Meeting Outline:

Business – first 10 minutes

*Training – 20 mins

Games/activities/socializing – 30 mins

*We will help you get ready for your Brotherhood!



Chapter Executive Council Meetings

7:00 to 8:30 – Starbucks at 80th and Wadsworth – North Parking Lot

1/12/12	2/9/12
3/8/12	4/12/12
5/10/12	6/7/12
8/9/12	9/13/12
10/11/12	11/7/12
12/13/12	

Chapter Meeting Dates for 2012
7:00pm to 8:00ish

January 5, 2012

February 2, 2012

March 1, 2012

April 5, 2012

May 3, 2012

June 7, 2012

August 2, 2012

September 6, 2012

October 4, 2012

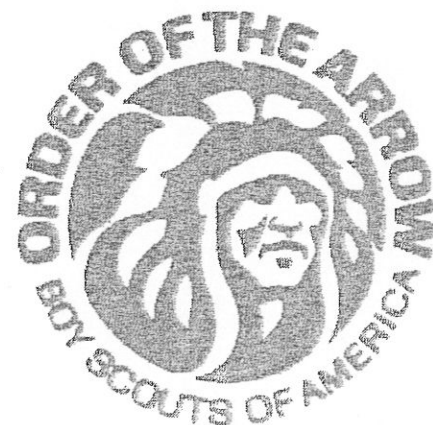
November 1, 2012

December 6, 2012

Where does your local Chapter of the Order of the Arrow meet?

Church of Jesus Christ of Latter-Day Saints
6490 Quail Street
in Arvada

Take 64th Avenue (Ralston Road) to Quail Street (look for the Farm Crest Dairy/gas station on your right). Turn right onto Quail and follow to the very end of the road.



More on 2

Tahosa Lodge 383 / Information & Events

The Tahosa Lodge is granted a charter from the National Council, BSA, upon annual application. The Lodge helps the Denver Area Council provide a quality Scouting program through recognition of Scouting spirit and performance, development of youth leadership and service, promotion of Scout camping and outdoor programs, and enhancement of membership tenure.

The Tahosa Lodge has seven Chapters which supports its events/activities.

Tahosa Lodge is also supported by the Tahosa Alumni Association.

What is Sectional Conclave? A meeting of all Lodges in our section who come together for fellowship/educational classes and fun.

Sectional Conclave will be hosted in Pueblo.

Classes will be offered in several areas:

Ceremony and Dance

Leadership and Program

Conservation and Service

What is Fall Fellowship? What would you say to a Scout Weekend of nothing but fun? From September 7 to 9, 2012, all OA members are urged to join us at Camp Tahosa for just that! Unless you're an Adviser, you will not be required to work! There will be new games and intriguing Chapter competitions. While there will not be work, there will be a neat - and collectable - Fall Fellowship patch! In addition to electing Lodge officers, there will be the meeting of the new Vigil members, patch trading, Native American crafts and just plain having a great fun weekend at Camp Tahosa!

What is Lodge Leadership Development (LLD)?

The Tahosa lodge offers formal training for Arrowmen with classes that are varied and fun. Some classes that have been offered in the past are: Chapter Management, Elections training, New Member Orientation, OA Troop Rep Training, Ceremonies, Elangomat Training and General Leadership Skills.

Lodge Events 2012:

1/28/12 – American Indian Headdress & Craft Workshop

2/4/12 – Lodge Banquet

3/10/12 – American Indian Craft Workshop

4/13/12 to 4/15/12 – National Leadership Seminar (CA)

4/20/12 to 4/22/12 – Sectional Conclave (Pueblo)

4/28/12 – Scout Show

5/4/12 to 5/6/12 – 1st Cony Party - (PV)

5/11/12 to 5/13/12 – 2nd Cony Party (PV)

7/27/12 – 8/4/12 – National Order of the Arrow Conference (Michigan State University)

8/17/12 to 8/19/12 – 3rd Cony Party (Tahosa)

8/24/12 to 8/26/12 – Front Range Indian Seminar (PV)

9/7/12 – 9/9/12 – Fall Fellowship & Lodge Elections

9/21/12 to 9/23/12 – Council Camporee

9/28/12 to 9/30/12 – 4th Cony Party (Tahosa)

10/12/12 to 10/14/12 – National Leadership Seminar &

National Lodge Adviser Training Seminar (Estes Park)

11/3/12 – Lodge Leadership Development

Lodge Executive Council Meetings (LEC)

Scout Headquarters

1/18/12 - 6:30 to 8:30	2/15/12 – 6:30 to 8:30
3/14/12 – 6:30 to 8:30	4/18/12 – 6:30 to 8:30
5/23/12 – 6:30 to 8:30	6/20/12 – 6:00 – PV Summer Camp
8/22/12 – 6:30 to 8:30	9/19/12 – 6:30 to 8:30
10/17/12 – 6:30 to 8:30	11/14/12 – 6:30 to 8:30
12/19/12 – 6:30 to 8:30	

Annual Health and Medical Record

(Valid for 12 calendar months)

Medical Information

The Boy Scouts of America recommends that all youth and adult members have annual medical evaluations by a certified and licensed health-care provider. In an effort to provide better care to those who may become ill or injured and to provide youth members and adult leaders a better understanding of their own physical capabilities, the Boy Scouts of America has established minimum standards for providing medical information prior to participating in various activities. Those standards are offered below in one three-part medical form. Note that unit leaders must always protect the privacy of unit participants by protecting their medical information.

Parts A and C are to be completed annually by all BSA unit members. Both parts are required for all events that do not exceed 72 consecutive hours, where the level of activity is similar to that normally expended at home or at school, such as day camp, day hikes, swimming parties, or an overnight camp, and where medical care is readily available. Medical information required includes a current health history and list of medications. Part C also includes the parental informed consent and hold harmless/release agreement (with an area for notarization if required by your state) as well as a talent release statement. Adult unit leaders should review participants' health histories and become knowledgeable about the medical needs of the youth members in their unit. This form is to be filled out by participants and parents or guardians and kept on file for easy reference.

Part B is required with parts A and C for any event that exceeds 72 consecutive hours, or when the nature of the activity is strenuous and demanding, such as a high-adventure trek. Service projects or work weekends may also fit this description. It is to be completed and signed by a certified and licensed health-care provider—physician (MD, DO), nurse practitioner, or physician's assistant as appropriate for your state. The level of activity ranges from what is normally expended at home or at school to strenuous activity such as hiking and backpacking. Other examples include tour camping, jamborees, and Wood Badge training courses. It is important to note that the height/weight limits must be strictly adhered to if the event will take the unit beyond a radius wherein emergency evacuation is more than 30 minutes by ground transportation, such as backpacking trips, high-adventure activities, and conservation projects in remote areas.

Risk Factors

Based on the vast experience of the medical community, the BSA has identified that the following risk factors may define your participation in various outdoor adventures.

- Excessive body weight
- Heart disease
- Hypertension (high blood pressure)
- Diabetes
- Seizures
- Lack of appropriate immunizations
- Asthma
- Sleep disorders
- Allergies/anaphylaxis
- Muscular/skeletal injuries
- Psychiatric/psychological and emotional difficulties

For more information on medical risk factors, visit Scouting Safely on www.scouting.org.

Prescriptions

The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but BSA does not mandate or necessarily encourage the leader to do so. Also, if state laws are more limiting, they must be followed.

For frequently asked questions about this Annual Health and Medical Record, see Scouting Safely online at <http://www.scouting.org/scoutsource/HealthandSafety.aspx>. Information about the Health Insurance Portability and Accountability Act (HIPAA) may be found at <http://www.hipaa.org>.



BOY SCOUTS OF AMERICA.

Annual BSA Health and Medical Record

Part A

GENERAL INFORMATION

Name _____ Date of birth _____ Age _____ Male ☐ Female ☐
Address _____ Grade completed (youth only) _____
City _____ State _____ Zip _____ Phone No. _____
Unit leader _____ Council name/No. _____ Unit No. _____
Social Security No. (optional; may be required by medical facilities for treatment) _____ Religious preference _____
Health/accident insurance company _____ Policy No. _____

ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD (SEE PART C). IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."

In case of emergency, notify:

Name _____ Relationship _____
Address _____
Home phone _____ Business phone _____ Cell phone _____
Alternate contact _____ Alternate's phone _____

MEDICAL HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma	
		Diabetes	
		Hypertension (high blood pressure)	
		Heart disease (i.e., CHF, CAD, MI)	
		Stroke/TIA	
		COPD	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Learning disorders (i.e., ADHD, ADD)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures	
		Sleep disorders (i.e., sleep apnea)	
		GI problems (i.e., abdominal, digestive)	
		Surgery	
		Serious injury	
		Other	

Allergies or Reaction to:

Medication _____
Food, Plants, or Insect Bites _____

Immunizations:

The following are recommended by the BSA. Tetanus immunization must have been received within the last 10 years. If had disease, put "D" and the year. If immunized, check the box and the year received.

Yes	No	Date
<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria _____
<input type="checkbox"/>	<input type="checkbox"/>	Measles _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Rubella _____
<input type="checkbox"/>	<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____
<input type="checkbox"/>	<input type="checkbox"/>	Influenza _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., HIB) _____

☐ Exemption to immunizations claimed.

MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

(For more information about immunizations, as well as the immunization exemption form, see [Scouting Safely on Scouting.org](#).)

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
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NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are **NOT** expired, including inhalers and EpiPens. You **SHOULD NOT STOP** taking any maintenance medication.

Emergency contact No.:

Allergies:

DOB:

Last name:

Part B

PHYSICAL EXAMINATION

Height _____ Weight _____ % body fat _____ Meets height/weight limits ☐ Yes ☐ No
 Blood pressure _____ Pulse _____

Individuals desiring to participate in any high-adventure activity or event in which emergency evacuation would take longer than 30 minutes by ground transportation will not be permitted to do so if they exceed the height/weight limits as documented in the table at the bottom of this page or if during a physical exam their health care provider determines that body fat percentage is outside the range of 10 to 31 percent for a woman or 2 to 25 percent for a man. Enforcing this limit is strongly encouraged for all other events, but it is not mandatory. (For healthy height/weight guidelines, visit www.cdc.gov.)

	Normal	Abnormal	Explain Any Abnormalities	Range of Mobility	Normal	Abnormal	Explain Any Abnormalities
Eyes				Knees (both)			
Ears				Ankles (both)			
Nose				Spine			
Throat							
Lungs				Other	Yes	No	
Heart				Contacts			
Abdomen				Dentures			
Genitalia				Braces			
Skin				Inguinal hernia			Explain
Emotional adjustment				Medical equipment (i.e., CPAP, oxygen)			
Tuberculosis (TB) skin test (if required by your state for BSA camp staff)				<input type="checkbox"/> Negative <input type="checkbox"/> Positive			

Allergies (to what agent, type of reaction, treatment): _____

I certify that I have, today, reviewed the health history, examined this person, and approve this individual for participation in:

- ☐ Hiking and camping ☐ Competitive activities ☐ Backpacking ☐ Swimming/water activities ☐ Climbing/rappelling
☐ Sports ☐ Horseback riding ☐ Scuba diving ☐ Mountain biking ☐ Challenge ("ropes") course
☐ Cold-weather activity (<10°F) ☐ Wilderness/backcountry treks

Specify restrictions (if none, so state) _____

Certified and licensed health-care providers recognized by the BSA to perform this exam include physicians (MD, DO), nurse practitioners, and physician's assistants.

To Health Care Provider: Restricted approval includes:

- Uncontrolled heart disease, asthma, or hypertension.
- Uncontrolled psychiatric disorders.
- Poorly controlled diabetes.
- Orthopedic injuries not cleared by a physician.
- Newly diagnosed seizure events (within 6 months).
- For scuba, use of medications to control diabetes, asthma, or seizures.

Provider printed name _____

Signature _____

Address _____

City, state, zip _____

Office phone _____

Date _____

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
60	97-138	139-166	166
61	101-143	144-172	172
62	104-148	149-178	178
63	107-152	153-183	183
64	111-157	158-189	189
65	114-162	163-195	195
66	118-167	168-201	201
67	121-172	173-207	207
68	125-178	179-214	214
69	129-185	186-220	220

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
70	132-188	189-226	226
71	136-194	195-233	233
72	140-199	200-239	239
73	144-205	206-246	246
74	148-210	211-252	252
75	152-216	217-260	260
76	156-222	223-267	267
77	160-228	229-274	274
78	164-234	235-281	281
79 & over	170-240	241-295	295

This table is based on the revised Dietary Guidelines for Americans from the U.S. Dept. of Agriculture and the Dept. of Health & Human Services.

Part B

Last name: _____ **DOB:** _____

Part C

Informed Consent and Hold Harmless/Release Agreement

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I 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 claims or liability arising out of this participation.

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. 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 to the adult in charge 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, including 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.

☐ Without restrictions.

☐ With special considerations or restrictions (list) _____

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 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 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

Adults authorized to take youth to and from the event: (You must designate at least one adult. Please include a telephone number.)

1. _____
2. _____
3. _____

Adults NOT authorized to take youth to and from the event:

1. _____
2. _____
3. _____

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

Participant's name _____

Participant's signature _____

Parent/guardian's signature _____

(if under the age of 18)

Date _____

Attach copy of insurance card (front and back) here. If required by your state, use the space provided here for notarization.



BOY SCOUTS OF AMERICA
1325 West Walnut Hill Lane
P.O. Box 152079
Irving, Texas 75015-2079
<http://www.scouting.org>

SKU 34605



34605

2009 Printing

Part C

Last name: _____ DOB: _____

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