

2008 DUES REGISTRATION

Please Submit by February 28, 2008 to have Dues Recorded as PAID!

Arrowman Information:

Name: _____ Phone Number: _____
Address: _____ City: _____ State: __ Zip: _____
Date of Birth (mmddy): _____ Troop/Dist/Council: _____

District: _____ OA Honor: O B V
Current E-Mail Address _____

Medical Authorization

In the event of an accident or medical emergency involving the Scout or Scouter registered above, I/We Hereby authorize any adult Scouter(s) to effect whatever action he, she, or they deem necessary to aid the Stricken Scout or Scouter. This is to include first aid rendered or supervised by a Scouter(s), licensed Nurse, registered nurse, registered EMT(s), physician(s), or any other medical/surgical person(s).

I/We also authorize transportation, by what ever means, to and from any licensed medical/surgical facility.

I/We understand that all reasonable and timely efforts will be made to contact me or us before extended Medical/surgical procedures are undertaken, but if unsuccessful, we hereby authorize any Scouter(s) Involved to sanction whatever medical/surgical action/treatment is recommended by the licensed Physician(s) involved.

I/We realize failure to sign this release could result in inadequate medical/surgical treatment of a Scout Registered above.

Authorization is effective from January 1, 2008 through December 31, 2008.

Member's Signature

Parent or Guardian
If under 18

Dues Information:

Yearly Dues are \$ 8.00

Mail to:

**Wachtschu Mawachpo Lodge
c/o WestArk Area Council
1401 Old Greenwood Road
Fort Smith, AR 72901**