



Siwinis Lodge 252
Los Angeles Area Council, BSA

Adult Arrowman Information Sheet

District: Frontier North Star Pacifica Rio Hondo Thunderbird
Chapter: Wappo Apache Lakota Wiyot Hopi

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Date of Birth: _____ Driver's License #: _____

Vehicle Information (for Tour Permits): Year/Make: _____

of Seats with Belts: _____ Ins. Info: _____ / _____ / _____

We would like to know where your talents lie. Please circle any trade you are proficient in or have tools for **OR** indicate a hobby or area you are able to provide help with.

Electrical Plumbing Carpentry Electronics

Other Skill: _____

Emergency Medical Treatment:

To whom it may concern: I authorize the officers and leaders of the Boy Scouts of America and the Order of the Arrow to render any necessary first aid. In case of emergency, that the registered adult leader in charge has my permission to consent to any X-rays examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable and is rendered under the general or special supervision of a physician and surgeon under the provisions of the Medical Practice Act. In no event will the Boy Scouts of America, the Order of the Arrow, or their officers, leaders, or agents be held liable for any first aid rendered or medical or surgical procedures performed pursuant to this consent.

Name: _____
Please Print

Date: _____

Signature: _____

Phone Number where contact can be reached **during** the activity:

Alternate Contact during the activity: Name _____

Alternate Contact Phone Number: _____