The SCHEDULE – Registration is $25

2013 Thunderbird Chapter Annual Powwow

Golda's Kitchen at Scouters' Mtn, Clackamas, Oregon

February 8-10, 2013

Friday

5:00 p.m. Setup/Staff Arrival
6:00 p.m. Participants Arrive and Check-in (please eat dinner before arriving)
8:30 p.m. Open Free Time
9:00 p.m. Cracker barrel
11:00 p.m. Lights Out

Saturday

7:00 a.m. Rise and Shine! (Yes, you have to!)
7:20 a.m. Morning Flag
7:30 a.m. Breakfast *[TBD]*
8:00 a.m. Morning Program
  a. Walking Sticks
  b. Knifes and Hawks
  c. Regalia Making
  d. Hodge Lodge

If you do not want to work on your own costuming, then be sure to help out with updating and making new Chapter regalia to be used by those members who do not have regalia of their own

12:00 p.m. Break for Lunch *[TBD]*
1:00 p.m. Costume Competition (Ordeal, Brotherhood, Vigil, & Adult categories)
2:00 p.m. Tomahawk Contest (youth)/Open Program Time
5:00 p.m. Beginning Ceremony Class and Competition/Service Project
6:20 p.m. Evening Flag
6:30 p.m. Dinner *[TBD]*
7:30 p.m. Flute Circle
8:00 p.m. Open Free Time
9:00 p.m. Cracker barrel
11:00 p.m. Lights Out

Sunday

7:00 a.m. Rise and Shine!
7:20 a.m. Morning Flag
7:30 a.m. Breakfast *[TBD]*
8:30 a.m. Chapel
9:00 a.m. Officer/Adviser Meeting
10:30 a.m. Lite Lunch *[TBD]*
11:00 a.m. Clean-Up
12:00 p.m. Go OA!

Shower Times

11pm-7am Adult Shower Times
7:30am – 10:30pm Youth Shower Times

Video Games, Computer Games, Card Games, and Board Games are only to be played during Friday night at Open Free Time (8:30pm-11:00pm) and Saturday night at Open Free Time (8:00pm-11:00pm); all other times they are to be put away.

The Thunderbird Chapter is not responsible for the loss or damage of personal items and/or electronic devices. If you plan on bringing your own games, make sure they are age appropriate, and that video games are rated E10 and below. Games must be multiplayer.

If you think you are too small to be effective, you have never been in the dark with a mosquito.
~ *Unknown Author*

Please Print Clearly | Thunderbird Chapter – Wauna La-Mon'tay Lodge | One Form Per Person

Cascade Pacific Council

2013 OA Thunderbird Chapter Powwow Event Registration and Medical Form

Full Name: _____ **Date of Birth:** _____

Address: _____ **Phone:** _____

City: _____ **State:** _____ **Zip:** _____ **Honor Level:** _____

Email: _____ **Ordeal Year:** _____

Unit Type (circle): Troop Team Crew Ship **Unit #:** _____ **Brotherhood Year:** _____

Unit Position: _____ **OA Position:** _____

Current Date: _____

Health History and Medical Authorization

IN AN EMERGENCY, NOTIFY: **Name:** _____ ☐ Parent ☐ Guardian

Home Phone: _____ **Cell:** _____ ☐ Spouse ☐ Other

Health Insurance Company: _____ **Policy #:** _____

Group #: _____ **Date of last Tetanus Immunization:** _____

DO YOU HAVE, OR HAVE A HISTORY OF, ANY OF THE FOLLOWING CONDITIONS? (CHECK IF YES)

☐ Asthma ☐ Fainting Spell ☐ Depression ☐ Diabetes ☐ Heart Condition ☐ Bleeding Disorder

☐ Special Medication ☐ ADD/ADHD ☐ Require Special Care/Disability Facility ☐ Special Diet

Allergies: ☐ Food ☐ Plant ☐ Animal ☐ Insect ☐ Toxin ☐ Medication Allergy

Difficulties With: ☐ Ears ☐ Eyes ☐ Nose ☐ Throat ☐ Digestion ☐ Lungs ☐ Sleep Walking ☐ Bedwetting

☐ **CHECK HERE IF NONE OF THE ABOVE APPLY**

Please explain any of the above: _____

Please list any medications you are currently taking: _____

Please list any medical condition(s) we should be aware of, including recent serious illness or injury: _____

_____

Participant: If I am under the age of 18, I understand that I will be expected to remain in camp for the entire weekend. I will only leave camp with a parent, guardian, or an adult designated by my parent or guardian to act in their behalf.

Authorization – I give permission for full participation in BSA programs, subject to limitations noted herein. In case of emergency, I understand every effort will be made to contact the emergency contact listed above. If they cannot be reached, I hereby give my permission to the licensed healthcare practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication.

Participant Signature: _____ (Required if participant is under 18) **Parent/Guardian Signature:** _____

Knife/Tomahawk Waiver

I give permission for _____ to purchase and make a knife/tomahawk under proper supervision and with proper tools. This waiver is only valid for the weekend of February 8th-10th, 2012 at the Thunderbird Chapter Powwow. This waiver must be signed by a parent or legal guardian, as well as the top unit leader of your unit (Scoutmaster, Coach, Advisor, or Skipper).

Name of Youth: _____ **Signature:** _____ **Date:** _____

Parent/Guardian: _____ **Signature:** _____ **Date:** _____

Unit Leader: _____ **Signature:** _____ **Unit Type:** _____

Unit Leader Position: _____ **Unit Type (circle):** Troop Team Crew Ship **Unit #:** _____