



CANDIDATE AND PARENT LETTER

FALL ASSEMBLY OCT. 3-4, 2020

Dear Scouting Family,

Congratulations! Your son or daughter has been elected by their peers as a candidate for the Order of the Arrow, the society of honor campers within the Scouts BSA. The OA is a national brotherhood of scouts that was originated in 1915.

Candidates for the Order of the Arrow are chosen not only for what they have done, but also for what they are expected to do in serving others. Because your son or daughter was selected for candidacy by the unique method of being elected by their peers, we are certain that he or she is worthy of this honor.

By National rule, your son or daughter must now participate in an Ordeal weekend (Assembly) within one year of the date of their election—NOT the date of their tap out ceremony. Our Lodge typically offers three Ordeal weekends per year: spring, summer and fall at Lost Pines Scout Reservation in Bastrop. Because of the Covid-19 issues this year, National has extended the time for completion of the Ordeal to 24 months for all candidates elected since February 1, 2019.

The Ordeal offers a unique opportunity to reflect on their personal commitment to the principles of the Scout Oath and Law. The weekends will also allow them to become acquainted with the principles and purposes of the Order of the Arrow. The Ordeal must be completed by each new candidate and is a meaningful and inspiring experience that will not be soon forgotten.

Tonkawa Lodge Assemblies take place at [Lost Pines Scout Reservation](#) in Bastrop, and comprise the induction process for new members into the Order of the Arrow. Commonly known as The Ordeal, candidates will meet a series of challenges that will foster self-reflection and test their commitment to a life of cheerful service. For existing members, Assembly Weekend offers a chance to strengthen friendships and serve Scouting in meaningful ways.

Tonkawa Lodge and the Capitol Area Council have determined that it is in the best interest of its youth members to begin in person activities with reasonable safeguards to protect everyone attending.

In this regard, the Lodge will be hosting an Ordeal (Assembly) Weekend on Oct. 3 and 4 2020. This is the first in-person event the Lodge has hosted since last January. This event has been shortened to an approximate 24-25 hour period. **The event will be limited to**

the first 120 candidates to register. Only 60 members will be allowed to attend. To register, go to [this](#) website.

Candidates will arrive at LPSR between 7pm and 8pm on Saturday October 3. You will remain in your vehicle on the main road next to the parking lot until you are medically checked in to the event. Windows for arrival and departure will be strictly enforced. Because of the necessity of medical check in, please do not be early or late.

In order to attend this assembly, it will be necessary that you bring with you the following documents:

- Pre-event medical screening checklist
- Covid-19 Risk Acknowledgement Statement signed by your parent or guardian
- Commitment to Transport document filled out and signed by parent or guardian
- Part A and Part B of your Annual Health & Medical Record (we need hard copies- do not try to upload at registration)

The Ordeal will be completed between 7 and 7:30 pm on October 4. You may pick up your son or daughter in the parking lot at Lost Pines. Please do not come early or be late.

Pursuant to Council policy for health and safety reasons, no visitors will be allowed on camp during this event.

Induction into the Order of the Arrow will open many new doors for your son or daughter. Our Lodge participates in many events every year such as OA Section Conclaves, National Order of the Arrow Conference (NOAC), and various fellowship weekends. In addition, the OA provides some of the most valuable youth leadership training and opportunities available. These opportunities will build upon the knowledge your son or daughter has already received during their Scouting experience. This is truly an exciting time for your family. Once again, congratulations.

Richard South
Tonkawa Lodge Adviser

Evan Hardt
Acting Tonkawa Lodge Chief



Equipment and Packing List

The only gear needed by candidates will be:

The clothes they wear:

- Hat
- T-shirt
- Cloth face mask (MANDATORY)
- Work Pants
- Socks
- Work Shirt
- Closed toed shoes or boots

Uniform shirts are optional and not necessary. Class B uniforms are acceptable.

In a small backpack, candidates should carry:

- Weather appropriate gear (fleece or jacket) if necessary
- Poncho
- Sleeping Bag & Pad
- Small Bottle of Hand Sanitizer
- Water Bottle (MANDATORY)
- Sunscreen
- Gloves
- Flashlight
- Wet Wipes

If they need medications, those can be packed as well.

Please eat dinner before arriving to check in. No food will be available on Saturday. Two small meals will be served on Sunday. If you have any special dietary restrictions you need to bring your own non-perishable ready to eat food for the weekend.

First year's dues are included with the registration fee. Existing members must have paid their dues to attend Assembly. Dues may be paid upon arrival if they haven't already been paid. See the [Dues structure page](#) on the Tonkawa website for more information. All candidates MUST bring a non-returnable copy of BSA health form (parts A & B only).

NO PAYMENT FOR THE ASSEMBLY MAY BE MADE ELECTRONICALLY VIA THE WEB SITE, ALL ASSEMBLY FEES ARE COLLECTED BY CHECK, CREDIT CARD OR CASH AT THE TIME OF CHECK IN ON SITE.

WE DO NOT HAVE ACCESS TO TROOP ACCOUNTS, YOU MUST MAKE PAYMENT AT THE DOOR.

EVENT INFORMATION FOR PARENTS AND CANDIDATES

The Ordeal is a time-honored tradition more than 100 years in the making. Following these rules will ensure that the Ordeal is observed with the utmost respect and decorum.

CANDIDATE AND PARENTS LETTER

BEFORE ARRIVAL

Be prepared.

Make sure your son or daughter can attend the Assembly by appropriately answering all of the Pre-Event Medical Screening questions. If the candidate is disqualified by virtue of the Pre-Event Medical Screening, they will not be allowed to stay at the event.

Watch the weather forecast and prepare accordingly. This is an all-weather event. Follow the packing list in your Candidate Letter but bring weather appropriate clothing.

If your child becomes ill at camp, you will be notified to pick them up as per the signed Commitment to Transport form.

UPON ARRIVAL

Medical check in will take place in your vehicle on the main road near the LPSR parking lot. You will need to provide the following signed documents:

- Pre-event medical screening checklist
- Covid-19 Risk Acknowledgement Statement signed by your parent or guardian
- Commitment to Transport document filled out and signed by parent or guardian
- Part A and Part B of your Annual Health & Medical (we need hard copies- do not try to upload at registration). These documents will not be returned.

Further check-in will take place on the A-Building porch. All participants (members and candidates) will need: (1) A hard-copy printout of your registration ticket, (2) your payment, **(This is not a double knot event. Payment can only be made at Camp when you register).**

ORDEAL COMPLETION REQUIREMENTS

By National Rule, Candidate attendance at the Ordeal is mandatory from the beginning of the pre-ordeal ceremony on Saturday evening, until dismissal on Sunday after jumpstart. **This means that leaving camp for any reason during the Ordeal is not permitted.** The only exceptions to this rule are for Health and Safety. This means that family activities, school activities, church functions, etc. are not a valid reason for leaving camp once the Ordeal has begun.

ARE PARENTS AND NON-SCOUTERS ALLOWED AT THE ORDEAL CEREMONY?

Only active, dues-paying and event registered OA members may attend ceremonies. Family members who are not OA members may not attend. Below is the national policy on this matter:

“Youth and adult candidates for membership into the Order of the Arrow are introduced to the Order’s concepts of servant leadership through a safeguarded ceremonial induction. Nonmembers should not attend the ceremonies.

Although the content of the ceremonies is private, the ceremonies were designed to avoid offending any religious belief and have received the approval of religious leaders. The ceremonies are consistent with Scouting traditions and the spirit of the Scout Oath and Law.

The Order of the Arrow recognizes and respects the right of any parent, Scout leader, or religious leader to be interested in the content of the ceremony. The lodge adviser, or his designee, may discuss the content of the ceremony and any other issue brought to his attention by one of these interested and responsible adults, with the understanding that the adult will maintain the confidentiality of the ceremony.

If after discussing the ceremony with the lodge adviser, the parent, Scout leader, or religious leader continues to have questions about the content of the ceremony, that person will be permitted to read the ceremony text and view the Order’s ceremony training DVD. Following this, parents will be in a position to decide whether to allow their son to participate in the ceremony. Candidates may not become members of the Order of the Arrow without completing the pre-Ordeal and Ordeal ceremonies.”

For this event, only members pre-registered and medically cleared are allowed to attend.

Pre-Event Medical Screening Checklist

Use this checklist to assist in identifying potentially communicable diseases before event participation.

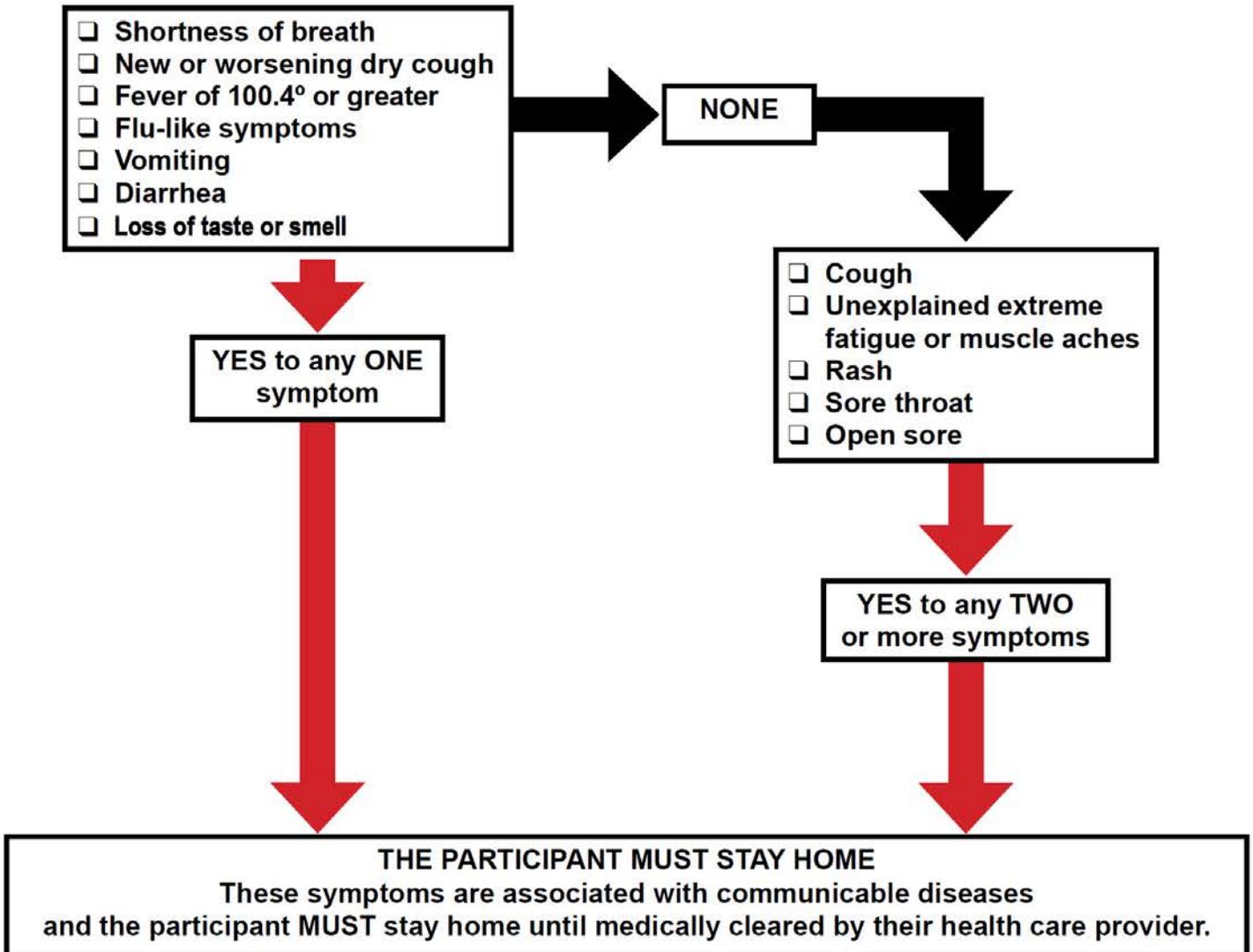
The intent of this checklist is to review with each youth and adult participant their current health status, both before departure and upon arrival at the event. Anyone entering a camp or event — including visitors, vendors, etc. — should be screened using this checklist.

- Yes No Within the last 14 days, have you had contact with anyone who has COVID-19?
- Yes No Have you or anyone you have been in close contact with traveled on a cruise ship, internationally, or to an area with a known communicable disease outbreak in the last 14 days?

If the answer is “yes” to either of these questions, the participant must stay home.

- Yes No Are you in a higher-risk category as defined by the CDC guidelines?
If the answer is “yes” to this question, we recommend that you stay home. Should you choose to participate, you must have approval from your healthcare provider and then proceed to the symptom decision tree below.

If the above answers are “no,” proceed to this symptom decision tree.



COVID-19 Risk Acknowledgement

EACH CAMP ATTENDEE MUST COMPLETE THIS FORM AND TURN IN AT CAMP

Print Name _____ Unit Type & Number _____

The safety of all Scouts, volunteers and staff is the Capitol Area Council's top priority.

Our council leaders continue to review national, state, and local health department recommendations to ensure we comply with their guidance to mitigate the risks of COVID-19 being contracted at our camps and facilities.

Our mitigation plan includes:

- Pre-attendance education.
- Health screening conducted by your unit prior to travel to our camp, including a temperature check.
 - o Note: See Pre-event Medical Screening flow chart.
- Health screening upon arrival at camp on all persons that enter camp. This screening will be conducted by our camp health officers, which will also include a temperature check. If anyone in the unit does not pass the arrival screening, the entire unit will not be allowed to enter camp.
- Limiting visitors in camp. (Parents should drop Scouts at camp parking lot and not enter camp)
- PPE Requirements: Masks must be worn in buildings and when 6-foot distancing cannot be observed.
- Extra handwashing/sanitizer stations throughout camp.
- Enhanced cleaning and disinfection of high-touch surfaces and shared program equipment.
- Food Service Protocols to stop potential spread of bacteria and virus.
- An emergency response plan that includes an isolation and quarantine protocol should a person at camp develop symptoms of COVID-19 or other communicable disease.

Experts have said that people with COVID-19 may show no signs or symptoms of illness, but can still spread the virus, and people may be contagious before their symptoms occur. The fact is that someone with COVID-19 may pass the required health screenings and be allowed into camp. We also know the very nature of camp makes social distancing difficult in many situations and impossible in others.

Information from the Centers for Disease Control and Prevention (CDC) states that older adults and people of any age who have serious underlying medical conditions are at higher risk for severe illness from COVID-19. If you are in this group, please ensure you have approval from your health care provider prior to attending camp.

Every staff member, volunteer, and Scouting family must evaluate their unique circumstances and make an informed decision before attending camp. We hope this information will be helpful as you make that choice.

I understand that there is risk due to the contagious nature of COVID-19 and that the protocols outlined above constitute reasonable barriers to mitigate that risk.

Signature of Parent / Guardian / Adult

Date

Parental Commitment to Transport

To be completed and submitted to camp upon arrival

I understand that any time during my child's stay at any Capitol Area Council Camp Property I may be called on to transport my camper (youth or adult) from camp for medical reasons. I commit to being available for the duration of the session by phone should I need to be contacted by the camp management team. Furthermore, upon consultation with the camp management team I agree to pick up my participant within 8 hours of being contacted. I will also provide a second level contact to be prepared for unforeseen circumstances.

Participant Name

Unit Type & Number

Signed

Date

Primary Contact Name

Phone

Secondary Contact Name

Phone

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. 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 protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. 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, includes 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.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, 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 further 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 BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915(a)) My signature below on this form indicates my permission.

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

Checking this box indicates you DO NOT want your child to use a BB device.



NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.

List participant restrictions, if any: _____

None

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. If I am participating at Philmont Scout Ranch, Philmont Training Center, Northern Tier, Sea Base, or the Summit Bechtel Reserve, I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Complete this section for youth participants only:

Adults Authorized to Take Youth to and From Events:

You must designate at least one adult. Please include a phone number.

Name: _____

Name: _____

Phone: _____

Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____

Name: _____

Phone: _____

Phone: _____



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Part B1: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Phone: _____

Unit leader: _____ Unit leader's mobile #: _____

Council Name/No.: _____ Unit No.: _____

Health/Accident Insurance Company: _____ Policy No.: _____



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.

In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	Last HbA1c percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension (high blood pressure)	
<input type="checkbox"/>	<input type="checkbox"/>	Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
<input type="checkbox"/>	<input type="checkbox"/>	Family history of heart disease or any sudden heart-related death of a family member before age 50.	
<input type="checkbox"/>	<input type="checkbox"/>	Stroke/TIA	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma/reactive airway disease	Last attack date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Lung/respiratory disease	
<input type="checkbox"/>	<input type="checkbox"/>	COPD	
<input type="checkbox"/>	<input type="checkbox"/>	Ear/eyes/nose/sinus problems	
<input type="checkbox"/>	<input type="checkbox"/>	Muscular/skeletal condition/muscle or bone issues	
<input type="checkbox"/>	<input type="checkbox"/>	Head injury/concussion/TBI	
<input type="checkbox"/>	<input type="checkbox"/>	Altitude sickness	
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric/psychological or emotional difficulties	
<input type="checkbox"/>	<input type="checkbox"/>	Neurological/behavioral disorders	
<input type="checkbox"/>	<input type="checkbox"/>	Blood disorders/sickle cell disease	
<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells and dizziness	
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	
<input type="checkbox"/>	<input type="checkbox"/>	Seizures or epilepsy	Last seizure date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Abdominal/stomach/digestive problems	
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease	
<input type="checkbox"/>	<input type="checkbox"/>	Skin issues	
<input type="checkbox"/>	<input type="checkbox"/>	Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	List all surgeries and hospitalizations	Last surgery date: _____
<input type="checkbox"/>	<input type="checkbox"/>	List any other medical conditions not covered above	



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Part B2: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Allergies/Medications

DO YOU USE AN EPINEPHRINE AUTOINJECTOR? Exp. date (if yes) _____ YES NO

DO YOU USE AN ASTHMA RESCUE INHALER? Exp. date (if yes) _____ YES NO

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Medication		<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Food		<input type="checkbox"/>	<input type="checkbox"/>	Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

Check here if no medications are routinely taken. If additional space is needed, please list on a separate sheet and attach.

Medication	Dose	Frequency	Reason

YES NO Non-prescription medication administration is authorized with these exceptions: _____

Administration of the above medications is approved for youth by:

_____/_____
 Parent/guardian signature / MD/DO, NP, or PA signature (if your state requires signature)



Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.

Immunization

The following immunizations are recommended. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
<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/mumps/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"/>		Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>		Influenza	
<input type="checkbox"/>	<input type="checkbox"/>		Other (i.e., Hib)	
<input type="checkbox"/>	<input type="checkbox"/>		Exemption to immunizations (form required)	

Please list any additional information about your medical history:

DO NOT WRITE IN THIS BOX.

Review for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: Yes No

Reason: _____

Approved by: _____

Date: _____



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Part C: Pre-Participation Physical

This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____
or staff position: _____



You are being asked to certify that this individual has no contraindication for participation in a Scouting experience. For individuals who will be attending a high-adventure program, including one of the national high-adventure bases, please refer to the supplemental information on the following pages or the form provided by your patient. You can also visit www.scouting.org/health-and-safety/ahmr to view this information online.

Please fill in the following information:

	Yes	No	Explain
Medical restrictions to participate	<input type="checkbox"/>	<input type="checkbox"/>	

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Medication		<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Food		<input type="checkbox"/>	<input type="checkbox"/>	Insect bites/stings	

Height (inches)	Weight (lbs.)	BMI	Blood Pressure	Pulse
			/	

	Normal	Abnormal	Explain Abnormalities
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	
Ears/nose/throat	<input type="checkbox"/>	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	
Genitalia/hernia	<input type="checkbox"/>	<input type="checkbox"/>	
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	
Skin issues	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

Examiner's Certification

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant (with noted restrictions):

True	False	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Meets height/weight requirements.
<input type="checkbox"/>	<input type="checkbox"/>	Has no uncontrolled heart disease, lung disease, or hypertension.
<input type="checkbox"/>	<input type="checkbox"/>	Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician.
<input type="checkbox"/>	<input type="checkbox"/>	Has no uncontrolled psychiatric disorders.
<input type="checkbox"/>	<input type="checkbox"/>	Has had no seizures in the last year.
<input type="checkbox"/>	<input type="checkbox"/>	Does not have poorly controlled diabetes.
<input type="checkbox"/>	<input type="checkbox"/>	If planning to scuba dive, does not have diabetes, asthma, or seizures.

Examiner's signature: _____ Date: _____

Examiner's printed name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Office phone: _____

Height/Weight Restrictions

If you exceed the maximum weight for height as explained in the following chart and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

Maximum weight for height:

Height (inches)	Max. Weight						
60	166	65	195	70	226	75	260
61	172	66	201	71	233	76	267
62	178	67	207	72	239	77	274
63	183	68	214	73	246	78	281
64	189	69	220	74	252	79 and over	295



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