

MEMBERSHIP RENEWAL FORM FOR HASINAI LODGE #578

You must be a registered member of the Three Rivers Council- Boy Scouts of America to be a member of the Hasinai Lodge – Order of the Arrow. All adults 18 or older must have completed Youth Protection Training. Hasinai Lodge dues for the year are \$15.00.

Check one: ☐ **Spindletop/Tquieschien** ☐ **Sabine/Tatanka** ☐ **Trinity/Arkikosa**

Date: _____

Name: _____ BSA ID# _____

Address: _____ Unit Type & No. _____

City: _____ YPT Date: _____

State: _____ ZIP: _____ ☐ Male ☐ Female

Phones: Cell _____ Home _____

Date of Birth: _____ ☐ Youth (under 21) ☐ Adult

Email: _____ Parents Email: _____

Dates: ☐ Ordeal ☐ Brotherhood ☐ Vigil

Return form to: Hasinai Lodge – Membership, 4650 Cardinal Drive, Beaumont, Texas 77705
Make check payable to BSA/OA

Parental 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 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 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)

Talent Release Form

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 by the Boy Scouts of America, and I hereby release the Boy Scouts of America 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

I understand that, if any information I/we have provided is found to be inaccurate and/or missing, it may limit and/or eliminate the opportunity for participation in any event/activity. (Completed Health Forms are also needed for any event/activity.)

Participant's Name (print): _____

Participant's Signature: _____

Parent/Guardian's Signature: _____ (if under the age of 18)