



# Winter Ordeal Event Guide



## Message from The Lodge Chief

Welcome to the 2022 Winter Ordeal! We're glad that you will join us for a weekend in support of Camp Perry that will start Ordeal candidates on their OA journey in the WWW. There will be a good mixture of fun, fellowship and cheerful service for all to share and be proud of as we celebrate the 106th anniversary of the Order of the Arrow and the 78<sup>th</sup> anniversary of our Lodge.

Registration is open at [riograndecouncil.org](http://riograndecouncil.org)

*Paul Garza, Lodge Chief*

## Weekend Schedule at a Glance

### Friday-January 21st

7:00 – 8:00 pm - Check-in at new Camp Office

**We cannot accommodate early arrivals Check-in @  
Parking Lot/Turn in Paperwork  
\*Do not unload gear until cleared\***

8:30 pm - Welcome and Announcements

9:00 pm - Pre-Ordeal Ceremony

10:00 pm - Lodge Member Fellowship

### Saturday–January 22nd

7:30 am - Flag Raising and Breakfast

8:30 am - Cheerful Service Projects

12:00 pm - Lunch

1:00 pm - Fellowship Activities

4:00 pm - Brotherhood Candidate Meeting

5:00 pm - Brotherhood and Ordeal Ceremonies

6:30 pm - Celebratory Feast

7:00 pm – Departure

## COVID -19 Health and Safety

We will be following the latest CDC and County COVID-19 Precautions and will wear face-coverings or masks when less than six (6) feet apart, indoors and out. We will be encouraging more frequent hand-washing and will increase the cleaning of commonly touched areas over the weekend. Water fountains should be used to fill water bottles only. Please inform us right away if you begin to feel ill while at Camp. A medical screening and assessment will follow.

Attached at the end of this document are the **required** Pre-Event Medical Screening and COVID Risk Acknowledgment Forms. Please print and fill out attached forms and have ready upon entering camp.

Tents must be placed 6 feet apart and no sharing unless it is with a household member (no youth/adult over 18 tent-sharing.)

**If you or a family member are not feeling well, STAY HOME!**

## Guide for Ordeal Candidates

Congratulations! You have been selected by your troop to be a candidate for membership in the Order of the Arrow. Your weekend begins with check-in on **Friday, January 21st at 7:00pm.**

Do not be late and do not make plans to leave before Saturday at 7:00PM. Make sure to eat a hearty meal before you arrive at camp on Friday evening as no dinner will be served. Plan on bringing the following items for the weekend (a backpack is recommended):

Face Mask	Bedroll/pillow	Flashlight
Class A Field Uniform	Ground Cloth	Water Bottle
Work Clothes	Rain Gear	Sunscreen
Hat/cap	Personal Toiletries	Bug spray
Work Gloves	Towel	Personal First Aid Kit
Prescription Medications	Paper & Pen	Tent

The Ordeal will take place in all weather conditions so be prepared! You must report in your official class A field uniform. Do NOT bring outside food or snacks: they are not allowed, nor in the spirit of, an Ordeal weekend. The fee for your Ordeal weekend is \$55 and covers your sash, lodge flap, Order of the Arrow handbook, annual dues, materials and meals. Register Online at [www.wewanoma.org/ordeal](http://www.wewanoma.org/ordeal).

## Guide for Brotherhood Candidates

Brothers, your weekend begins with check-in at 7:00pm on Friday and continues with participation in the Pre-Ordeal Ceremony with fellowship to follow in the Dining Hall. On Saturday, we will tackle some meaningful projects around camp, participate in the Brotherhood and Ordeal ceremonies and enjoy a celebratory feast.

The fee for Brotherhood candidates is \$55 to cover your sash, materials and meals. You will be emailed a Brotherhood study guide; be prepared and study BEFORE arriving for the weekend.

Register online at [www.wewanoma.org/ordeal](http://www.wewanoma.org/ordeal).

## Medical Forms & Youth Protection

All Candidates must present their current Boy Scout Medical Forms part A & B (part C if available) upon check in. The Medical Forms will be kept secured but available in case of emergency and will be returned upon check out on Sunday. For your convenience a copy of BSA Medical Form parts A & B are included in the back of this packet.

In addition, the Boy Scouts of America requires that all participants 18 years or older have proof of Youth Protection Training. This training must be taken every two years and is evidenced by a certificate of completion available on the [scouting.org](http://scouting.org) website or through a card/certificate indicating the YPT live training performed at council or camp facilities.

## Membership Dues

Please remember that your membership in the Order of the Arrow is only current if your \$10.00 dues are paid. If you need to pay your 2022 dues, visit our website at [www.wewanoma.org/dues](http://www.wewanoma.org/dues).



WEWANOMA LODGE

ORDER OF THE ARROW

# 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.

Within the last 14 days, have you had contact with anyone who has COVID-19?

Yes  No

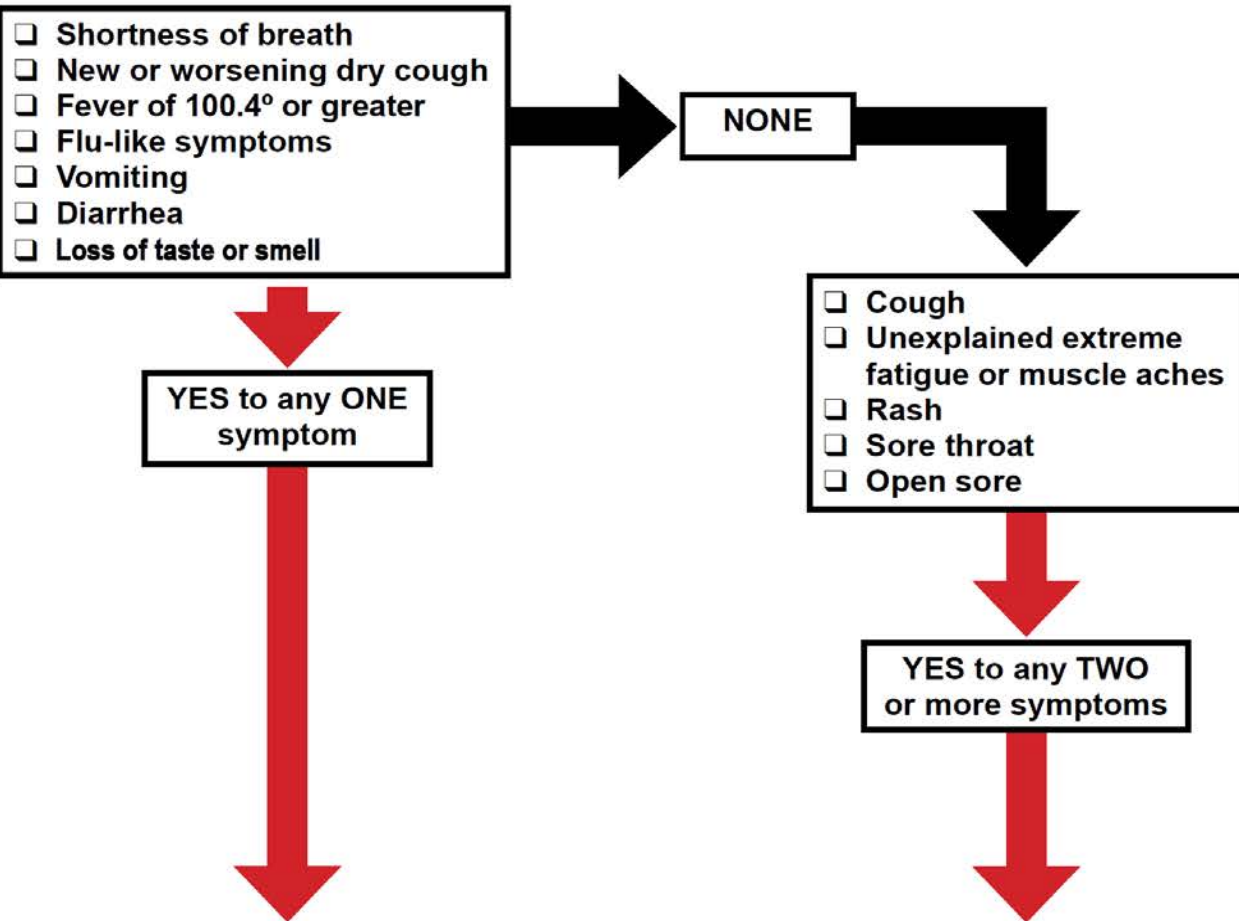
Yes  No Have you or anyone you have been in close contact with traveled on a cruise ship, internationally, or to an area with a known communicable disease outbreak in the last 14 days?

***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.***



**THE PARTICIPANT MUST STAY HOME**  
 These symptoms are associated with communicable diseases  
 and the participant **MUST** stay home until medically cleared by their health care provider.

Participant Name: \_\_\_\_\_  
 Unit Type/Number: \_\_\_\_\_  
 District: \_\_\_\_\_

Date: \_\_\_\_\_  
 Phone: \_\_\_\_\_

680-057  
 2020 Printing

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 Rio Grande 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. 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 group arriving together does not pass the arrival screening, the entire group 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.
- Limiting opportunities for participants to be within 6 feet of each other while participating in activities.
- 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 may make social distancing difficult in some situations, but very possible 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 or Guardian / Adult Scouter

\_\_\_\_\_  
Date

## **Parental Commitment to Transport**

(for under 18 only)

### **To be completed and submitted to camp upon arrival**

I understand that any time during my child's stay at any Rio Grande 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: \_\_\_\_\_





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



## 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
		Medication				Plants	
		Food				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)
			Tetanus	
			Pertussis	
			Diphtheria	
			Measles/mumps/rubella	
			Polio	
			Chicken Pox	
			Hepatitis A	
			Hepatitis B	
			Meningitis	
			Influenza	
			Other (i.e., HIB)	
			Exemption to immunizations <b>(form required)</b>	

**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: \_\_\_\_\_

