Summer 2026
Wewanoma Lodge 272
Ordeal Event Guide
Aug. 7-9, 2026

Message from The Lodge Chief

Welcome to the 2026 Summer 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 111th anniversary of the Order of the Arrow and the 82nd anniversary of Wewanoma Lodge 272.

Lola Mejia, Lodge Chief

Weekend Schedule at a Glance
EXACT TIMES SUBJECT TO CHANGE

Friday Aug. 7, 2026

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

We cannot accommodate early arrivals
Check-in @Office/Turn in Paperwork
Unload Gear once You Are Checked-In

8:30 pm - Welcome@Handicraft
9:15 pm - Pre-Ordeal Ceremony
10:00 pm - Lodge Member Fellowship @Dining Hall
11:30 pm Lights Out

Saturday Aug. 8, 2026

7:30 am - Flag Raising, Breakfast After
8:30 am - Cheerful Service Projects
11:00 am - Brotherhood Interviews Begin
12:00 pm - Lunch
1:00 pm - Cheerful Service/Brotherhood Interviews
2:30 pm - Fellowship Activities (*Drumming/Dancing/Singing)
3:30 pm - Brotherhood Candidate Gathering
4:30 pm - Brotherhood and Ordeal Ceremonies

7:00 pm- Celebratory Feast

8:30 pm - Evening Activities
(*And Open Pool)
11:30 pm Lights Out

Sunday Aug. 9, 2026

7:30 am - Flag Raising, Breakfast After 8:15 am - Scouts Own Service
Lodge/Chapter Elections and Chapter Meetings
Immediately Following at Dining Hall
10:00 am - Camp Cleanup
11:00 am - Closing Ceremony at Parade Grounds
(*Planned Activities Subject to Change)

Health and Safety

We will be following the latest BSA Scouting America, CDC, and County Communicable Disease Precautions. 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, Parents Committment to Transport (if under 18), and a **COPY** of (not your original) your current BSA AHMR Parts A and B (required), but send a copy of C if you have it. Please print and fill out attached forms and have ready upon entering camp. Anyone 18 or over needs to present their current YPT Certificate too.

If are not feeling well, STAY HOME!

TENTING

Sharing tents is allowed, male/male or female/female, with no more than 2 years difference in age if both are not yet 18. No youth under 20/adult over 21 tent-sharing is allowed in Scouts BSA, even if it is a parent and youth.

Guide for Ordeal Candidates

Congratulations! Yoū 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, August 7 @ 7:00 pm.**

Do not be late and do not make plans to leave before Sunday at 11:00 am. 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):

Buff/Face Cover (optional)	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 tan colored Official Field Uniform **(including green bottoms)**. Ordeal Candidates, DO NOT bring outside food or snacks: they are not allowed unless medically necessary i.e. special dietary needs/allergies, nor is it in the spirit for your Ordeal weekend. The fee for your Ordeal weekend is $60. and covers your sash, lodge flap, Order of the Arrow handbook, 2026 dues, materials, meals, and camp fees.

Guide for Brotherhood Candidates

If you've been active in the OA and it's been at least six (6) months since your Ordeal, you are eligible to earn your Brotherhood. Your weekend begins with check-in at 7:00 pm on Friday and continues with participation in the Pre-Ordeal Ceremony with Fellowship Activities to follow in the Dining Hall. Plan on tent camping this weekend, so pack appropriately. On Saturday, we will tackle some meaningful projects around camp before lunch, then expect to participate in a Brotherhood Interview and Gathering Saturday afternoon, and then the Brotherhood and Ordeal ceremonies, and enjoy the celebratory feast and partake in fun and games on Saturday evening. Lodge and chapter meetings will take place Sunday after breakfast.

The fee for Brotherhood candidates is $50. to cover your sash, materials, meals, and camp fees. You will be emailed a Brotherhood study guide; be prepared and study BEFORE arriving for the weekend.

Guide for Fellowship

Those that are already Brotherhood or are not yet eligible, attend Ordeal Weekends as Fellowship Participants. Fellowship attendees will participate in all Friday evening and Saturday morning activities, and then can enjoy open areas Saturday afternoon, schedule and weather permitting. Join the Ordeal Ceremony to welcome our new Ordeal Brothers. We will all enjoy dinner, evening, and Sunday morning activities together. Plan on tent camping, so pack appropriately.

The Fellowship Fee is $25. to cover meals and camp fees.

Got questions? Email Lodge Chief Lola Mejia at lolaberrim07@gmail.com

Medical Forms & Safeguarding Youth Training

All weekend participants (full weekend or day visitors) must present a **COPY** of their current Boy Scout Medical AHMR, parts A & B are required (send 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. We will make every effort to return all forms at the end of the weekend or upon early checkout.

In addition, the Boy Scouts of America requires that all participants 18 years or older have proof of Safeguarding Youth Protection Training. It is required annually as evidenced by a current (less than one year old) SYT Certificate of Completion or a current Unit Roster with Y.ST dates.

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 2026 dues, visit the Council website and choose the OA Link.

BRING SOME CASH TO PURCHASE OA PATCHES AND GEAR!

BSA Pre-Event Medical Screening Checklist

This is a tool to help leaders identify potentially communicable diseases in advance of event participation. The intent of this checklist is to review with each participant their current health status both before departure and upon arrival at the event.*

Name: _____ **Date/Event:** _____

Unit: _____ **Campsite:** _____

Do not participate if you have any of the following symptoms in the past 24 hours:

- ❏ Fever (100.4° F or greater)
- ❏ Vomiting
- ❏ Diarrhea
- ❏ New cough

Do not participate if you or anyone you live with has recently tested positive for COVID-19 or does not have test results back.

If you have a positive COVID-19 test, follow the CDC guidance for isolation and your personal health care provider's treatment recommendations.

Be responsible for your health and that of others. Isolate if you are sick. Do not attend any activity/meeting/event if you, anyone you live with or anyone you have recently been around feel unwell. Symptoms might include:

- ❏ Unexplained extreme fatigue
- ❏ Unexplained muscle aches
- ❏ New rash
- ❏ Sore throat
- ❏ Open sore

Participants who are symptomatic or ill should not attend or return to an activity until cleared by their health care provider.

*Councils are encouraged to customize this checklist with the engagement of local health authorities and their Council Health Supervisor.

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

A

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

B1

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** ☐ **No** ☐
☐	☐	Hypertension (high blood pressure)	
☐	☐	Adult or congenital heart disease/heart attack/chest pain (angina)/ 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** ☐ **No** ☐
☐	☐	List all surgeries and hospitalizations	**Last surgery date:**
☐	☐	List any other medical conditions not covered above	

Part B2: General Information/Health History

B2

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 **(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: _____