



Southern Region  
P. O. Box 440728  
Kennesaw, GA 301060  
770-514-5024



DATE: October 15, 2007  
TO: All Order of the Arrow Lodge Advisers and Staff Advisers  
FROM: Alex Gomez, 2007 Region Chief  
Jeff Jonasen, Region Chairman  
Keith Swedenburg, Region Staff Adviser

## **PURPOSE**

The National Lodge Adviser Training Seminar (NLATS) is a weekend conference focusing on the skills and attributes of effective lodge advisers. It is intended primarily to enhance a lodge adviser's knowledge of and connectivity with the OA's strategic plan, program and resources, while emphasizing personal skills that are essential to the development of effective youth leadership and ultimately the OA's service to the council.

The National Lodge Adviser Training Seminar (NLATS) is a newer training program. It has been timed to coincide with the National Leadership Seminar also taking place at the same weekend. The NLATS is limited participation. For this seminar generally, no more than two participants should register from any lodge or chapter. The course is designed for one-time participation. Repeat participation is not encouraged. Car pooling with NLS participants is encouraged.

There will be other NLATS in each of the other regions in 2008.

## **WHO SHOULD ATTEND**

**It is recommended that participants be the Lodge Adviser, Staff Adviser or those with immediate lodge adviser potential (Such as Key Chapter or Committee Advisers) as approved by the local council Scout Executive.** Unlike the National Leadership Seminar program, which teaches leadership in a more general sense, this course is specifically designed for Lodge Advisers, Staff Advisers, Chapter Advisers and those who are preparing to serve in those roles. The sessions are designed to help individuals in these positions understand their roles and provide them with the necessary tools to succeed as a part of the Lodge Key-3. **Part of the program will ask you to share your experiences in these roles with others; therefore it is important for lodges to send only those who truly serve as their key leaders.**

This course is not designed for just any member of the lodge to attend. It is strongly suggested that every participant has completed a Lodge Leader Development (LLD) program. The NLATS is an intensive experience with focus on the 3 key principles of advisers: ENVISION, ENABLE, EMPOWER. There will be instruction about the nature of the lodge program delivery of service to the council, and development of youth leadership necessary to both. While it is designed to be fun, the course is mentally challenging as well. Participants should be open to learning and prepared to actively engage in an invigorating weekend.

**Persons not meeting these criteria may have their registration returned.**

## **REGISTRATION**

Please return the attached registration forms and questionnaires to the regional office. **The deadline is two weeks prior to the scheduled session. Space is limited. No registrations will be accepted at the door. Preference will be given to Lodge Advisers even after the deadline.**

**In order to assure your eligibility for this course, please send in the enclosed Questionnaire with your registration Application.**

**DIRECTIONS: Available on the Southern Region OA web site at [www.southern.oa-bsa.org](http://www.southern.oa-bsa.org)**

## **EMERGENCY PHONE NUMBER**

For extreme emergencies only: Call Keith Swedenburg at (770) 380-3525.

## **NO SMOKING**

In accordance with the OA Guide of Officers and Advisers, smoking will not be permitted at this event or on the camp property.

## **WHAT TO BRING**

Full Scout Uniform and OA sash are required for the weekend. Personal items will be needed. You may wish to bring extra money: An OA trading post with T-shirts, patches, etc, will be available as well as a collection for the Maury Clancy Indian Campership Fund at the religious services.

**It is important that participants arrive on time and plan to stay for the complete seminar-including lunch and graduation with the NLS on Sunday.**

**You can expect departure on Sunday around 2:00 PM**

**EACH PARTICIPANT SHOULD BE GIVEN A COPY OF THIS ENTIRE PACKET**

**NATIONAL LODGE ADVISER TRAINING SEMINAR REGISTRATION FORM**

**Mar. 28-30, 2008 Cost: \$185**  
**Kinard Conf. Center**  
**Leesville, SC**  
**Deadline: 3/14/08**



**Nov 7-9, 2008 Cost: \$185**  
**Shocco Springs Conf. Center**  
**Talladega, AL**  
**Deadline: 10/24/08**

Please print or type the information below with your name printed in full. Individual confirmation notice will be E-mailed only. Send one form for each participant. You may reproduce this registration form locally.

Name: \_\_\_\_\_  
(First Name, Middle Initial, Last Name)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home) (\_\_\_\_) \_\_\_\_\_ Phone (Business) (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone (Cell) (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Check one: Male \_\_\_\_\_ Female \_\_\_\_\_  
Confirmation will be sent via email

Council: \_\_\_\_\_ Cncl No. \_\_\_\_\_

Lodge: \_\_\_\_\_ Section: SR -- \_\_\_\_\_

OA Position: \_\_\_\_\_ Number of years in this position: \_\_\_\_\_

Date of LLD Completion: \_\_\_\_\_ Date of NLS if you have attended: \_\_\_\_\_

If you do not currently serve as a Lodge Adviser or Staff Adviser, please list below your reasons for wanting to attend this course: \_\_\_\_\_

Please indicate any special medical or dietary needs that we should be aware of: \_\_\_\_\_

Signature Required: \_\_\_\_\_  
I give The Boy Scouts of America permission to photograph me and to use the materials as they wish.

**Lodge Approval to Attend:** \_\_\_\_\_  
Lodge Adviser

**Council Approval to Attend:** \_\_\_\_\_  
Scout Executive or Designee

Scout Executives: Please note that your signature indicates that this person, if not already serving, has Lodge Adviser potential.

Please attach this form with your payment, made payable to Southern Region BSA and mail to:

Southern Region, BSA  
PO Box 440728  
Kennesaw, GA 30160  
Attention: Marge Morris  
Fax: (770) 499-8146

A BSA Class 1 Medical form is required. Please bring one with you or use the attached form.

**Credit Card Information: Circle One:**  
**Amex/Master/Visa/Discover**

Name as it appears on card: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Account #67009-9585**



## Order of the Arrow National Lodge Adviser Seminar Questionnaire

NAME: _____	Section: SR _____
Lodge: _____	Council: _____ Cncl #: _____
What is your current position in the Lodge?: _____	
How long have you been a member of the OA?: _____ Youth/_____ Adult Total Years: _____	
Have you attended the current NLS?: Yes: _____ No: _____ LLD: Yes: _____ No: _____	
What do you expect to gain from attending NLATS?: _____	

**You will be instructed to complete the bottom portion of the questionnaire at NLATS and return it to the lead instructor.**

<b>TOPICS</b>	<b>OVER-ALL RANKING</b> High -1 Low - 18	<b>THREE MOST IMPORTANT</b> Mark 1-3	<b>THREE LEAST IMPORTANT</b> Mark 1-3
Key Three Relations			
Working together			
How to Develop Youth			
Building and Maintaining Trust and Relations			
Mentoring and Motivating Youth			
Risk Factors			
Keeping the Arrow Green – OA Finances			
Minimizing the Sash and Dash			
It's all in the Program			
History of the Order of the Arrow			
The Orders Role in the 12 <sup>th</sup> Point of the Scout Law			
Handling the Challenging Ones			
Communicating and Promoting our Good Work			
Ready... Set... Quality Lodge			
Chapter Management			
OA Troop/Team Representatives			
Utilizing LLD and OA Training Central			
National BSA/OA Program Areas and Emphasis			

# PERSONAL HEALTH AND MEDICAL RECORD

## CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY (To be filled out for all participants and staff)

To be filled out by parent, guardian, or adult participant. Please print in ink.

### IDENTIFICATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_ Telephone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Telephone(s): Dad \_\_\_\_\_ Mother \_\_\_\_\_

If person(s) named above are not available in the event of an emergency, notify

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Name of personal physician \_\_\_\_\_ Telephone \_\_\_\_\_

Personal health/accident insurance carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

Check all items that apply, **past or present**, to your health history. Explain any "Yes" answers.

**ALLERGIES:** Food, medicines, insects, plants Yes  / No  Explain: \_\_\_\_\_

<b>GENERAL INFORMATION:</b>	Yes	No		Yes	No		Yes	No
ADHD (Attention-Deficit/ Hyperactivity Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions/seizures	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>

Explain: \_\_\_\_\_

Please list ALL medications taken in the 30 days **prior** to arrival at the Scouting activity where this form is to be used: \_\_\_\_\_

List any medications to be taken at camp/event: \_\_\_\_\_

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: \_\_\_\_\_

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc: \_\_\_\_\_

Immunizations: (Give date of last inoculation.)

Tetanus toxoid _____	Measles _____	Polio _____
Diphtheria _____	Mumps _____	Chicken Pox _____
Pertussis _____	Rubella _____	_____

### I give permission for full participation in BSA programs, subject to limitations noted herein.

For value received, I hereby consent to the use of my (or my daughter's or son's if participant is under 18) name, voice and /or pictures by the Boy Scouts of America, and/or any movie, news, or broadcasting companies or their licensees for broadcasting, direct exhibition, publication and subsidiary purposes. Such uses will not be made which would constitute a direct endorsement by said participant or adult of any product or service.

We agree to all terms and conditions of the Waiver of Claims as stated on the back of this form

**In case of emergency**, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult) and to be informed and updated on medical condition and status by the person(s) or facility providing the medical services.

Date \_\_\_\_\_ Signature of parent/guardian or adult \_\_\_\_\_

Name \_\_\_\_\_

Group/Unit \_\_\_\_\_

Housing \_\_\_\_\_

### **WAIVER OF CLAIMS**

In consideration of the benefits to be derived from participation in this trip or activity, any and all claims against the Boy Scouts of America, Pack, Troop, Team, Crew, Council, Lodge, and Chartered Organization, or against the officers, employees, agents, or other representatives of any of them, or any other persons working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage or other loss or harm to/or incurred or suffered by the applicant named on the front side of this "Personal Health & Medical Record" or to his or her property, in connection with or incidental to the trip or activity, including preliminary training and travel, are hereby expressly waived by the applicant and/or the applicants parent(s) or guardian(s).

### **ACCIDENT & SICKNESS INSURANCE**

We acknowledge that Accident and Sickness Insurance has been obtained for this trip which coordinates with any family health and medical insurance. Any and all incidences which may require coverage by this insurance should be reported as soon as possible to the Staff Adviser at the event.

**Claim Forms may be attained from the Program Office of the  
Southern Region, Boy Scouts of America  
P. O. Box 440728 Kennesaw, GA 30160  
(770) 514-5005 Fax: (770) 499-8146**

### **USE OF OTHER BSA FORMS AND NON RETURN NOTICES**

This "Personal Health & Medical Record" will not be returned to the participant at the conclusion of the event. Any approved and signed BSA Class 1, Class 2, Class 3, Philmont or Jamboree Health and/or Medical form may also be submitted in addition to or in lieu of this form except that the consent for media use, and Waiver of Claims statement on the front of this form must be signed and dated. Only copies of the other forms should be used since these records will not be returned after the event.