2018 ORDEAL GUIDE



Congratulations on your election! After you've been elected by your unit (or selected if you're an adult), your next step on the path to being member of the Order of the Arrow is to attend an Ordeal.

Ordeal

Ordeal is a weekend experience, centered around service and looking inward. Throughout the weekend you'll learn about the traditions and customs of the Order of the Arrow but you'll also learn more about yourself, leadership, and the Brotherhood of Scouting.

This guide will give you some specifics on what you need to do, gear you need to pack, and how to register for your Ordeal - but not specifics on what happens at Ordeal. Not because its some big secret or anything crazy happens, but because the experience loses it's deeper meaning for new members if they have preconceived expectations of what's going to happen.

Know this: the Ordeal weekend is an amazing experience. Knowing the details won't help you and would in fact negatively impact your experience and understanding of the Order of the Arrow.

Safety

You may be wondering why it's called Ordeal. Well, it can be an ordeal or it can be an enjoyable experience of learning and growth, but that depends on you. We'll do our best to make it a great experience and don't worry, it's perfectly safe and all BSA Safe Scouting rules are strictly followed. Ordeal candidates are treated as honorees, because that's what you are. Your unit elected you because they feel you're worthy to wear the OA sash.

Parents or guardians who are concerned about what happens at Ordeal can contact the lodge for details, but are asked to keep details about the experience to themselves so they don't diminish it for other Scouts.

Register for your Ordeal

You must attend an Ordeal within one year of the date you were elected. Since you were elected this year, you'll have three opportunities to attend Ordeal on the following weekends:

- May 4-6, 2018
- June 1-3, 2018
- August 17-19, 2018

All three Ordeals will be held at Camp Bud Schiele in Rutherfordton, NC. You can register at Ordeal but we strongly advise you don't. **The best thing to do is Pre-Register for Ordeal**. When you Pre-Register, you'll already have all of your forms submitted, some of which have to be signed by your parent/guardian. Pre-Registration is less hassle for you and helps us plan for the event.

Use the forms in this guide or download them from the Forms page on our website at: **eswau.net/forms/ordeal/**

The three forms you need are:

- 1. 2018 Ordeal Registration Form
- 2. Code of Conduct Form (requires parent/guardian signature)
- 3. **BSA Health Form parts A and B** (also requires parent/guardian signature)

Special Medical Needs

Please submit information about medications, dietary restrictions, or any other relevant medical conditions with your registration. Also let the folks know about it at check-in when you arrive on Friday evening.

Cost

The candidate fee to attend Ordeal is \$50.00. Make checks payable to "Eswau Huppeday Lodge 560". Checks will not be deposited until your Ordeal is completed.

Schedule

Ordeal is a full weekend of camping running from Friday evening through Sunday morning. You should make arrangements to be picked up between 9:30am and 10:00 am on Sunday morning.



Friday Check In

Arrive between 6:30 and 7:30 pm on Friday. Check-in will be in the OA Shelter. All meals will be provided starting with Saturday breakfast, so plan to eat before you arrive Friday night.

If you didn't pre-register make sure you bring all three completed forms and have your parent/guardian sign where needed.

You'll also need to bring your **current BSA Membership ID card** with you to check-in.

Friday Night

After you check-in you'll be able to go setup your tent for gear storage and your Saturday night camping. Your Ordeal starts Friday night and while we won't reveal specifics, you'll need to be prepared for camping on the trail Friday night.

Check the weather forecast for Camp Bud Schiele before you come and arrive dressed in outdoor clothing appropriate for the weather.

You 'll need to bring some specific items for camping on Friday night.

Packing List for Friday Night

- Tarp (you can bring two)
- Sleeping Bag
- Water bottle
- and a small pack to carry those items in if you wish

That's all you'll be allowed to take with you on Friday night. The rest of your gear will be stored in your tent. If you require medication at bedtime, you must bring it on the trail.

Packing List for the rest of the weekend

- tent
- flashlight
- rain gear
- boots
- towel / bath items
- hat
- bug spray
- sunscreen
- work gloves
- extra clothing



You may also want to bring some money for the lodge store that will open Saturday night.

What NOT to bring:

MP3 players, handheld electronic games, or other electronic devices are NOT allowed. Ordeal is an outdoor experience, please do not bring these to camp.

After Ordeal

After you complete your Ordeal, it's time to get active in the lodge. Attend your Chapter meetings and lodge events. Join one of our teams and you'll learn the true meaning of Brotherhood, Cheerfulness and Service.

After 10 months as an Ordeal member and fulfilling certain requirements, you'll be eligible for Brotherhood. Sealing your membership by becoming a Brotherhood member shows your commitment and furthers your experience with the Lodge.

The Order of the Arrows Jumpstart program is a great way for Arrow men to view and study their requirements. Visit jumpstart.oa-bsa.org after your Ordeal to get started.

Order of the Arrow 2018 Ordeal Information for New Candidates 2018

Welcome! The Scouts in your Troop have elected you into the National Honor Society of the Boy Scouts of America. To complete the process you must attend one of the Ordeals conducted within a year of your election! The weekends for the ordeals are listed below. Please pre-register if possible! You may register at the event on Friday. Good luck and Have fun! This event is called the "Ordeal". It can be an ordeal or it can be an enjoyable learning and growing experience as you join the Order of the Arrow. Help us make it a good experience for you.

ITEMS YOU MUST BRING to YOUR ORDEAL AT CAMP BUD SCHIELE

Wear outdoor clothes for camping out on the trail on Friday night appropriate for the weather. Plan on arriving between 6:30 and 7:30 pm on Friday. Check-in is at the Leader's Lodge. This will allow you to complete your registration for the ordeal and setup your tent for gear storage and Saturday night. Parents should make arrangements to pick up their son between 9:30 and 10:00 Sunday morning. All the meals for the weekend will be provided starting with Saturday breakfast...

STRONGLY REQUESTED BUT NOT REQUIRED -- PLEASE PRE-REGISTER FOR THE EVENT!!
YOU MAY ALSO REGISTER AT THE ORDEAL ON FRIDAY NIGHT.

YOU MUST BRING YOUR SIGNED BSA MEDICAL / RELEASE / PERMISSION FORM A & B
(WE DO NOT NEED THE PAGE THAT IS SIGNED BY YOUR DOCTOR) AND YOUR
CURRENT BSA MEMBERSHIP CARD

YOU MUST BRING YOUR CLASS A UNIFORM

Code of Conduct Eswau Huppeday Lodge

The success or failure of Eswau Huppeday Lodge depends on the conduct of each individual brother that attends. As a Scout and an Arrowman, I understand and will observe all rules and regulations of the Piedmont Council, the Order of the Arrow, the Boy Scouts of America, and will observe the reasonable demands made of me. As a member of the Order of the Arrow, I will:

- 1. Observe the Scout Law, Scout Oath, and the Obligation of the Order of the Arrow.
- Wear my officially designated uniform as required throughout the event, specifically during travel to and from the event, during all ceremonies or shows, during Saturday evening supper, and during the chapel service/business meeting.
- 3. Attend the planned and general training sessions.
- 4. Confine the trading and swapping of Scout related items to free periods and in designated areas only.
- 5. Be personally responsible for the breakage, damage, or loss of property.
- 6. Observe quiet hours and lights-out hours.
- 7. Keep my quarters clean and dispose of trash in the proper places.
- 8. Register and pay for all events that I attend.
- 9. Allow no unregistered person to occupy my quarters.
- 10. Shirts and shoes will be worn at all times in accordance with BSA policy.
- 11. No alcohol or illegal drugs will be allowed on camp property.
- 12. Observe BSA tobacco use policy. .
- 13. Not to leave camp without permission of the event adult leadership.
- 14. Remember that I am a guest of Eswau Huppeday Lodge, of Piedmont Council, and Camp Bud Schiele.
- 15. Park only in designated areas unless approved. Designated areas include the activity field and the parking lot. See the adult leadership for other approved parking or driving while at camp.
- 16. Abide by the BSA Guide to Safe Scouting.

The Boy Scouts of America prohibits the use of alcoholic beverages and controlled substances at encampments or activities on property owned and/or operated by the Boy Scouts of America, or at any activity involving participation of youth members. Adult leaders should support the attitude that young adults are better off without tobacco and may not allow the use of tobacco products at any BSA activity involving youth participants.

All Scouting functions, meetings, and activities should be conducted on a smoke-free basis, with smoking areas located away from all participants.

References: Scoutmaster Handbook, No.33009, and Health and Safety Guide, No. 34415

I understand that the failure to abide by these rules as approve from camp premises, the OA event, the OA lodge, and or Sco		result in my removal
Printed name of member	Date	
Signature of Member	Date	
Signature of parent or if member is under 18		Date
Revised 10/13/2017, approved 10/14/2017.		

Part A: Informed Consent, Release Agreement, and Authorization

Full name:	Ex	pedition/crew No.:	ar troiparitor		
DOB:		staff position:			
(Fig. 6) (Fig. 6)					
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.	activities, of completely loss that mactivity coo- organization	on my own behalf and/or on behalf and/or on behalf release and waive any and all ay arise against the Boy Scoutordinators, and all employees, vor associated with any progran			
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.		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.			
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.	!	NOTE: Due to the nature of activities, the Boy Scouts o councils cannot continually of program participants or imposed upon them by par providers. However, so that familiar as possible with an	America and local monitor compliance any limitations ents or medical leaders can be as y limitations, list any		
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.		restrictions imposed on a c connection with programs			
consideration in conducting accounting activities.	List partici	pant restrictions, if any:	None		
programs if those requirements are not met. The participant has permission to engage health-care provider. If the participant is under the age of 18, a parent or guardian's sign Participant's signature:			as specifically noted by me or the		
Parent/guardian signature for youth:		Date:			
(If participant is under	r the age of 18)				
Second parent/guardian signature for youth:		Date: _			
(If required; for exam					
Complete this section for youth participant: Adults Authorized to Take to and From Events: You must designate at least one adult. Please include a telephone number.	s only:				
Name:	Name:		<u> </u>		
Telephone:	Telephone:				
	Totopriorio.		\		
Adults NOT Authorized to Take Youth To and From Events:					
Name:	Name:				
Telephone:	Telephone:		 \		
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Part B: General Information/Health History

Full	nam	ne:		High-adventure base participants: Expedition/crew No.:	
DOE	3:	or staff position:			
Age:		Gender:	Height (inches):	Weight (lbs.):	
Addres			riogra (rioriog).	Wolgh (1884).	
		State:	ZID /	Tolonhono:	
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		/No.:		anara yan	
Health/	/Accide	nt Insurance Company: Please attach a photocopy of both sides of enter "none" above.			ce,
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In cas	se of	emergency, notify the person below:			
Name:			R	elationship:	
Addres	ss:		Home phone:	Other phone:	
Alterna	ite cont	act name:	A	Iternate's phone:	
Hea Do you	alth	History Itly have or have you ever been treated for any of the following	g?		
Yes	No	Condition	l.	Explain	
		Diabetes	Last HbA1c perce	ntage and date:	
		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	Last attack date:		
		Lung/respiratory disease			
		COPD			
		Ear/eyes/nose/sinus problems			
		Muscular/skeletal condition/muscle or bone issues			
		Head injury/concussion			
		Altitude sickness			
		Psychiatric/psychological or emotional difficulties			
		Behavioral/neurological disorders			
		Blood disorders/sickle cell disease			
		Fainting spells and dizziness			
		Kidney disease			
		Seizures	Last seizure date:		
		Abdominal/stomach/digestive problems			
		Thyroid disease			
		Excessive fatigue			
		Obstructive sleep apnea/sleep disorders	CPAP: Yes 🔲 No		
		List all surgeries and hospitalizations	Last surgery date:		
		List any other medical conditions not covered above			
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Part B: General Information/Health History

Medication	ame:			High-adventure base participants: Expedition/crew No.: or staff position:			
Medication							
List all medications currently used, including any over-the-counter medications. CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN. IF ADDITIONAL SPACE IS NEEDED INDICATE ON A SEPARATE SHEET Medication	No Allergies or Reaction	Explain	Yes	No	Allergies or Reactions	Explain	
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Hepatitis A Reviewed by:	=1	Day			DO NOT W	RITE IN THIS BOX	
Hensitis R	=						
Hepatitis B Date:	=	95-0	·		Reviewed by:_		
Manifestin	=				Date:		
Turner approval required res		Meningitis			Further approv	al required: Yes No	
Influenza Reason:		300000			Reason:		
Other (i.e., HIB) Approved by:					Approved by:_		
Exemption to immunizations (form required) Date:	Exempt	n to immunizations (form requ	quired)		Date:		