


Participant Application Template
Required entries are prefixed with a red asterisk *

* First Name	<input type="text"/>	* Home Phone (enter 111/111-1111 if you are at an APO address)	<input type="text"/>
Middle Initial	<input type="text"/>	Work Phone	<input type="text"/>
* Last Name	<input type="text"/>	* OA Honor:	<input type="text"/>
* Birthdate	<input type="text"/> <input type="text"/> <input type="text"/>	* Are you the Lodge Adviser:	<input type="text"/>
* Gender	<input type="text"/>	* Are you a Section Adviser	<input type="text"/>
* Street	<input type="text"/>	* Are you the Lodge Chief:	<input type="text"/>
* City	<input type="text"/>	* Are you a BSA Professional:	<input type="text"/>
* State	<input type="text"/>	* Are you a Staff Adviser or Scout Executive:	<input type="text"/>
* Zip Code / APO	<input type="text"/>	* Do you use a Wheelchair:	<input type="text"/>
Primary Email	<input type="text"/>	* Deaf Signer needed for Shows	<input type="text"/>
Secondary Email	<input type="text"/>	* Do you have a Condition requiring a Medical Waiver (click on this link for additional information)	<input type="text"/>
*Name of individual to contact in case of an emergency	<input type="text"/>	* Special Food Needs (place details in Health & Safety below)	<input type="text"/>
*Emergency Individual's Phone Number (enter 111/111-1111 if you are at an APO address)	<input type="text"/>	* Is this your first NOAC?	<input type="text"/>
* Highest Boy Scout Rank attained	<input type="text"/>	* Have you been presented the Distinguished Service Award?	<input type="text"/> 
Health & Safety (Other Issues we should be aware of)	<input type="text"/>		

Medical Waiver Information. If the delegate can answer Yes to any of these questions then a Medical Waiver will be required. Answer YES to the entry on the application form to the right of the question * Do you have a [Condition requiring a Medical Waiver](#). These questions will be asked and recorded at that time.

Select either Yes or NO to whether or not you currently have or at one time had any of the conditions listed below

- 1) Diabetes Yes No
- 2) Heart Bypass Surgery Yes No
- 3) Cardiac Disease Yes No
- 4) Uncontrolled High Blood Pressure Yes No
- 5) Asthma Yes No
- 6) Emphysema Yes No
- 7) COPD Yes No
- 8) Sickle-Cell Anemia Yes No
- 9) HIV Yes No
- 10) Leukemia Yes No
- 11) Hemophilia Yes No
- 12) Bleeding Disorder Yes No
- 13) Seizures Yes No
- 14) Physical Disabilities Yes No
- 15) Psychiatric Care Yes No
- 16) Obesity Yes No