



SPECIAL ISSUE

The Deerpath

FEBRUARY 2010

ECHECONNEE LODGE

CENTRAL GEORGIA COUNCIL, BSA MACON, GEORGIA

SR-9 CONCLAVE APR 16-18



Greetings Brothers,

I would like to start off by thanking each Arrowman who helped at the Banquet. The efforts of all of you helped us put on an excellent program. The participation I saw by our Lodge in cleaning up afterward was nothing short of inspiring.

Our Lodge has been given a unique opportunity for service. Central Georgia Council has asked us to host the closing campfire at the X-treme Games being held on March 20. Cody del Solar is heading up this project, so if you are interested in serving your Council please let him know. We need approximately fifteen to twenty Arrowman to make this a success. We are also going to provide a Call-Out Ceremony at the campfire. This is an excellent experience for anybody who wishes to participate in this part of the program.

The Section we belong to, SR-9, has their Conclave coming up on April 16-18. Registration is due by March 28, so the sooner the registration forms are sent in to our Council Office the more likely we are to avoid late fees. For those who have never been to a Conclave before, let me put it this way for you: It's like our Fall Fellowship on steroids. Lots of steroids. There is even talk of them having something similar to the trendy show "Cash Cab", but modified for OA, along with the popular dunk tank we had last year.

I encourage each and every Arrowman from Echeconnee to participate in the X-treme Games Campfire and to experience the Section Conclave in April. The Order of the Arrow has so much to offer, why not give it the chance?

Yours in WWW,

Tyler Stepanek
2010 Lodge Chief

YOUR INVATION TO SECTION CONCLAVE



My Dear Brothers of Echeconnee Lodge,

My name is Dan Trust. In addition to being a proud member of Echeconnee Lodge, I have had the honor of serving as your SR-9 Section Secretary for the past two years. Recently we concluded the SR-9 Winter Leadership Retreat and Council of Chiefs meeting where we finalized plans for the 2010 Section Conclave.

I am most excited about this year's Section Conclave and will be held the weekend of April 16-18 at Camp Tukabatchee near Prattville, AL. The host lodge, Alibamu Lodge, has been busy getting ready for the event and it is shaping up to be the best conclave in many years. Echeconnee Lodge is schedules to host the section conclave in 2012. Therefore with our own conclave just around the corner it is important that every lodge member take the opportunity to be a part of this year's conclave and gain the experience to host our own.

What fantastic opportunities there are at Section Conclave! Fun, Food, Fellowship, Patch Trading, Lodge Completion Events, Ceremonies, Native Dance, Training, Shows, and much, much more. Our goal in the section is to have near 1,000 arrowmen from the nine lodges in our section attend conclave. We in Echeconnee already have 20 plus attending. My challenge to the lodge is to triple that number. We have done it in the past and we

can do it again. You may have heard about the 15 lodge arrowmen that attended the National Order of the Arrow Conference (NOAC) this past summer. Well next to NOAC, the SR-9 Section Conclave is the largest OA event most arrowmen will attend in their lifetime. So be part of it.

What are the awards Echeconnee can compete for:

First is the **Conclave Attendance Award**. The award is presented to the lodge that meets expected attendance quota and has the most attendance using the formula determined by the: Average distance traveled in miles X number of participants = Chartered membership where Average distance traveled in miles = distance from council office to camp. Here is the bottom line, we are a small lodge and we are 200 miles from Camp Tukabatchee. If Echeconnee has a large turnout, it is the WINNER!

Second is **the Section Honor Lodge**. The Section Honor Award is based on several criteria to include: Quality Lodge, National Participation, Regional Participation, Conclave Participation, and Conclave Attendance. Ok, the downside we did not obtain Quality Lodge status last year, but by earning Quality Lodge this year and good participation at events outside of the lodge Echeconnee can earn the award next year. The lodge has shown an increase in participation in our of lodge events

for example: NOAC, Wilderness Voyage, SR-9 Conclaves, NSL just to mention a few. Now is no time to let up. By Conclave participation this year and continued participation in the other events, next year can be a WINNER! But it needs to start at conclave this year.

Third is **The Elgixin Award**. "The Elgixin Award" - given to the lodge who was found most worthy in carrying on the traditions of the Native Americans. Elgixin means "The worthy one" in Lenni Lenape. We most likely will not earn this award this year, but by having our ceremonial teams participate in ceremonial competition this year, we gain valuable experience to win the award next year. Bottom line, it starts with your participation at conclave this year to be a WINNER!

Last is **"Lodge of the Year"** Award. This award combines the criteria for Section Honor Lodge, Conclave Attendance Award, and Conclave Spirit Award... giving us a "Lodge of the Year". The nice thing about this is that the difference that separates one lodge from an-

other can be achieved at conclave... which offers significant incentive to our lodges to maximize participation among their members. We really don't need an award that just duplicates Quality Lodge items... what we need is an award that - among those lodges that are already Section Honor Lodge status - creates incentive to get their members to conclave and participate in conclave. The Award would be given by vote of the Section Officers. The bottom line, participation, participation, participation! Attending conclave this year you're building a WINNING TEAM!

There is an entire "OA world" that exists outside of just Echeconee Lodge. Start taking advantage of it by attending the SR-9 Conclave on Apr 16-18 at Camp Tukabatchee. Please see the registration form on the last page.

Yours in Service,

Dan Trust
SR-9 Section Secretary



OA TO CONDUCT CAMPFIRE AT CGC EXTREME GAMES



By Cody del Solar

The Central Georgia Council announces the Extreme Games to be held at Lake Tobesofkee the weekend of March 19-21. This is a gathering of Boy Scouts, Cub Scouts and their families. Echeconee Lodge will be in charge of the Saturday evening campfire. Currently, there are two planned events put on by the lodge; a flag retirement ceremony, and an OA Candidate Callout Ceremony. As a result we need volunteers for the two

separate events.

This is a great opportunity to provide service to the council and we call upon our fellow Arrowmen to be a part of these two teams. In addition to the two teams, we need at least 15 extra Arrowmen.

As far as skits, that will be left up to the units attend, but if you and your buddies want to do a skit you can contact Cody del Solar at Solarcody@yahoo.com.

During the weekend we are looking at conducting an OA troop representative training class, along with discussions of an upcoming OA rafting trip.

OCMULGEE CHAPTER NEWS

By Sid Grigsby,
Ocmulgee Chapter Chief

There are two Inductions one in June and one in September. I would like to see all the Ocmulgee District Troops have their elections for this year before April because the nominee has two chances to complete his induction. There will be a special Callout for these elections at the Council's Extreme Games at Lake Tobesofkee at the Saturday night campfire on March 20th. Echeconnee Lodge is pleased to help make this occasion memorable for all the candidates who are elected and I hope your troop choose to participate.

I would also like to see the all the Order of the Arrow Troop Representatives go to the Round tables with their Scoutmasters so we can get to know each other and I can answer

any questions you may have about the Lodge and O.A. In addition I can help you to do to be a good Troop O.A. Rep. The Roundtable will be at Forest Hills United Methodist Church on the Second Tuesday of the month, the next meeting is on Mar 9th.

I plan on this being the start of regular Chapter meeting times for Ocmulgee District O.A. members. These meeting are important if the lodge is to obtain the Quality Lodge Award this year. We also need all the scouts who have been inducted to come back to earn their Brotherhood this year. We want to get at least 30% by the end of the year in order to earn the Quality Lodge Award.

The O.A. needs you, right now, to help our Lodge's success. That's the Power of One! I hope to see all my Ocmulgee bothers in the upcoming O.A. events.

R.L.S. CHAPTER NEWS

AOL CEREMONY FOR "LITTLE MEN IN BLUE"

By Hank Harrison
Robert L. Scott Chapter Chief

As you may already know it is your duty as an Arrowman to provide cheerful service to others. Whether you are on the Ordeal ceremony team, the Brotherhood ceremony team or on the cook team you are providing cheerful service to your fellow Arrowmen. To open up more possibilities to do that, an Arrow Of Light ceremony team has been created. This team goes to the Pack's Arrow of Light and/or Cross Over ceremonies. A three member team helps the packs during this very important Webelos event.

Recently Hank Harrison, Jacob Kraft and Mathew Kraft have performed one ceremony with another scheduled in March. The parents at the first ceremony really liked us in our full regalia and complimented us on a

job well done.

This job is not hard. Once you have memorized your lines for your part you just have to show up to the ceremony. Memorizing the lines is not hard, but it does take some time. Remember, anything worth doing is worth doing well. We already have the three members but we are looking for additional members if one of the others cannot make it.

The three parts are the Medicine Man, the Guide, and the Chief. If you have any questions or would like to join please call me at (478)-224-7802. If you know of any packs that would like to have a special Arrow of Light for their Webelos, let me know and we can get the team together.

Annual BSA Health and Medical Record

Part A

GENERAL INFORMATION

Name _____ Date of birth _____ Age _____ Male Female
 Address _____ Grade completed (youth only) _____
 City _____ State _____ Zip _____ Phone No. _____
 Unit leader _____ Council name/No. _____ Unit No. _____
 Social Security No. (optional; may be required by medical facilities for treatment) _____ Religious preference _____
 Health/accident insurance company _____ Policy No. _____

ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD (SEE PART C). IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."

In case of emergency, notify:

Name _____ Relationship _____
 Address _____
 Home phone _____ Business phone _____ Cell phone _____
 Alternate contact _____ Alternate's phone _____

MEDICAL HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma	
		Diabetes	
		Hypertension (high blood pressure)	
		Heart disease (i.e., CHF, CAD, MI)	
		Stroke/TIA	
		COPD	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Learning disorders (i.e., ADHD, ADD)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures	
		Sleep disorders (i.e., sleep apnea)	
		GI problems (i.e., abdominal, digestive)	
		Surgery	
		Serious injury	
		Other	

Allergies or Reaction to:

Medication _____
 Food, Plants, or Insect Bites _____

Immunizations:

The following are recommended by the BSA. Tetanus immunization must have been received within the last 10 years. If had disease, put "D" and the year. If immunized, check the box and the year received.

Yes	No	Date
<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria _____
<input type="checkbox"/>	<input type="checkbox"/>	Measles _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Rubella _____
<input type="checkbox"/>	<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____
<input type="checkbox"/>	<input type="checkbox"/>	Influenza _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., HIB) _____

Exemption to immunizations claimed.

MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

(For more information about immunizations, as well as the immunization exemption form, see Scouting Safely on Scouting.org.)

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____ Distribution approved by: _____ Parent signature _____ / MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____ Distribution approved by: _____ Parent signature _____ / MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____ Distribution approved by: _____ Parent signature _____ / MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____ Distribution approved by: _____ Parent signature _____ / MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____ Distribution approved by: _____ Parent signature _____ / MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____ Distribution approved by: _____ Parent signature _____ / MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>

NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

Emergency contact No.:

Allergies:

DOB:

Last name:

Part C

Informed Consent and Hold Harmless/Release Agreement

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I 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 claims or liability arising out of this participation.

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. 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 to the adult in charge 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, including 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.

- Without restrictions.
- With special considerations or restrictions (list) _____

I hereby assign and grant to the local council and the Boy Scouts of America 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 hereby 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 Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

- Yes No

Adults authorized to take youth to and from the event: (You must designate at least one adult. Please include a telephone number.)

- 1. _____
- 2. _____
- 3. _____

Adults NOT authorized to take youth to and from the event:

- 1. _____
- 2. _____
- 3. _____

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.

Participant's name _____

Participant's signature _____

Parent/guardian's signature _____
(if under the age of 18)

Date _____

Attach copy of insurance card (front and back) here. If required by your state, use the space provided here for notarization.



BOY SCOUTS OF AMERICA
1325 West Walnut Hill Lane
P.O. Box 152079
Irving, Texas 75015-2079
<http://www.scouting.org>

SKU 34605



34605 2009 Printing

Part C Last name: _____ DOB: _____

ECHECONNIE LODGE FLEECE JACKET PRE-ORDERS

If you have been around the Lodge members lately, you probably have seen many Arrowmen wearing a fleece jacket. We have the opportunity to acquire more. If you would like one that is personalized (name above arrow), we need a pre-order with size and what the information you would like on your jacket. It will cost you a little bit more, but you can be assured it will be unique.

If you would like to purchase one without the personalization, you can pre-order to ensure we have your size, or you can chance it and see if your size is in stock in the trading post. NOTE: We caution you that we will not have many in the lodge trading post. **Cost is \$40, except for XXXL, which will be \$55, based on increased cost from the manufacturer. Personalization is an additional \$5.**

The last day to pre-order will be March 31, 2010.

Cut the Order Form below and mail to:

**CENTRAL GEORGIA COUNCIL, BSA
4335 Confederate Way
Macon, Georgia 31217**

CUT HERE

CUT HERE

CUT HERE

CUT HERE

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

ECHECONNIE LODGE FLEECE JACKET PRE-ORDER

Name	Adult Size S/M/ L/XL/XXL/ XXXL	Personalized Y/N	What do you want it to say?	Cost
			Total:	



2010 SR-9 Conclave

Participant Registration Form

April 16 – 18 Camp Tukabatchee, Warner Scout Reservation Service Lodge -Alibamu

Due Date: **Registration \$27.00, due date is March 28.** A late fee applies after March 28. Please return this completed form with payment to Echeconnee Lodge at the address shown below.

Enclose payment (payable to BSA) and submit by the dates listed above to:

CENTRAL GEORGIA COUNCIL, BSA
4335 Confederate Way
Macon, Georgia 31217

\$27.00

Name: _____ Age: _____ Male Female **Circle one**

Address: _____ City, Zip _____

E-mail: _____ Phone: _____

Please list any dietary or medical/disability needs that we need to know about: _____

» Please enclose a **photocopy** (non-returnable) of your current BSA physical form with parts A & C at a minimum.



CENTRAL GEORGIA COUNCIL, BSA
4335 Confederate Way
Macon, Georgia 31217

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