

**For Office Use Only**

Date Received: \_\_\_\_\_

Date Posted: \_\_\_\_\_

Account # 054-20

# East Carolina Council

## 2019 Philmont Contingent

### YOUTH APPLICATION

PLEASE PRINT CLEARLY / INCOMPLETED APPLICATIONS WILL BE RETURNED

<b>Full Legal Name</b> (Including first, middle, last and suffix) – Used for airplane reservations				Name you go by:	
Address			T-shirt Size (circle one - adult-sizes): S M L XL 2XL 3XL		
City		State		Zip	
Email					
Phone Number					
Height (Feet/Inches)	Weight	Grade Completed by July '19	Gender (M/F)	Date of Birth (mm/dd/yy)	
Unit Number	Unit Type (Troop/Crew/Ship)			Rank in Scouting	

**Wilderness First Aid Trained: Yes \_\_\_/No \_\_\_    CPR Trained: Yes \_\_\_/No \_\_\_**

**Youth Participants must be 14 years old by January 1, 2019 OR have completed the 8<sup>th</sup> Grade prior to departure.**

Scoutmaster / Venturing Advisor Approval: \_\_\_\_\_ Date \_\_\_\_\_

Leaders Comments: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

<b>Name:</b> _____	<b>Relationship:</b> _____
<b>Address:</b> _____	<b>City/State/Zip:</b> _____
<b>Home Phone:</b> _____	<b>Work Phone:</b> _____
<b>Mobile Phone:</b> _____	<b>Email:</b> _____

I have enclosed the registration fee for East Carolina Council Philmont Contingent, I agree to live by the *Scout Oath and Law* and to obey and cooperate with my contingent/expedition leaders. I will conduct myself in accordance with the regulations of the BSA, and participate in such preliminary contingent training as may be required, carry out assignments given to me, and wear the official BSA uniform.

In consideration of the benefits to be derived from participation in the 2019 Council Philmont Contingent, any and all claims against the BSA, Philmont Scout Ranch, East Carolina Council, or any of the officers, employees, agents or other representatives of any of them, or any person working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness, attune, damage, or other loss or harm to or incurred or suffered by the applicant named above or to his/her property, in connection with or incidental to the 2019 Council Philmont Contingent, including preliminary training and travel are hereby expressly waived by the applicant and/or parents/guardian.

This application includes my request for personal accident insurance to be purchased in my behalf. The cost of this insurance is included in the contingent fee. It is understood that payment of claims by the insurance company is contingent upon prompt reporting of claims, if any, by the applicant and/or parent/guardian.

I further agree to submit evidence of fitness to make this trip on the official Philmont health form signed by a licensed health-care practitioner; also that I will obtain the required immunizations.

Participant Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Mail or Fax payment and completed form to:

East Carolina Council | Attn: Philmont 2019 | PO Box 1698 | Kinston, NC 28503 | Fax 252-522-9707

**Cancellation and Refund Policy:** This program is self funded with no Council funding available. Fees are paid to Philmont throughout the 12 months preceding the Philmont Trek. Deposits are non-refundable. In the cases where a participant needs to cancel, a full refund (less deposit) can only be refunded if no funds have been spent on behalf of that participant unless a suitable full paying replacement is found (excluding if airline tickets have been purchased in that participant's name). A partial refund may be made of funds not otherwise paid out on that participants behalf.