

For Office Use Only

Date Received: _____

Date Posted: _____

Account # 054-20

**East Carolina Council
2012 Philmont Contingent
ADULT LEADER APPLICATION**

PLEASE PRINT CLEARLY / INCOMPLETED APPLICATIONS WILL BE RETURNED

| | | | | |
|---------------------------|-----------------------------|--|-----------|--------------------------|
| Name (First/Initial/Last) | | | | |
| Address | | | | |
| City | | | State | Zip |
| Email | | | | |
| Phone Number | | | | |
| Height (Feet/Inches) | Weight | | Sex (M/F) | Date of Birth (mm/dd/yy) |
| Unit Number | Unit Type (Troop/Crew/Ship) | | Position | |

Training Level: Scout Leader Essentials/Basic Training: Yes ___/No ___ Wilderness First Aid: Yes ___/No ___

Staff Advisor Approval: _____ Date _____

EMERGENCY CONTACT INFORMATION

| | |
|---------------------|-----------------------|
| Name: _____ | Relationship: _____ |
| Address: _____ | City/State/Zip: _____ |
| Home Phone: _____ | Work Phone: _____ |
| Mobile Phone: _____ | Email: _____ |

I enclose the registration fee for East Carolina Council Philmont Contingent I agree to live by the *Stow 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 2012 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 2012 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: _____ Date: _____ Parent/Guardian Signature: _____

Mail or Fax payment and completed form to:
East Carolina Council | Attn: Philmont 2012 | PO Box 1698 | Kinston, NC 28503 | Fax 252-522-9707