# ADULT APPLICATION

**East Carolina Council**
**2010 Philmont Contingent**

**For Office Use Only**

Date Received _____

Amount Received _____

Registration # _____

Social Security Number __ __ __ - __ __ - __ __ __ __

Height feet _ _ _ inches _ _ _ Weight __ __ __

Sex M/F ___ Date of Birth ____/____/____

First Name & Initial __ __ __ __ __ __ __ _ _ _ Last Name _____ __ __ __ __ _____

Address - Street/RFD __ __ __ __ __ __ _ _____ Phone # (__ - __- __) __ __ __ __ __ __ __

City __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ State __ __ Zip Code __ __ __ __ __

**email address** _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Scouting Position Currently Held _____ Unit Number _____

Training Level: Scout Leader Essentials/Boy Scout or Venture Leader Basic Training: Yes __/No __
Wood Badge: Yes __/No __

Staff Advisors Approval: _____ Date _____

## Council Registration and Enrollment of Understanding

I apply for a leadership position for the 2010 Council Philmont Contingent and will meet my responsibilities throughout the entire expedition and on the trip. 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 2010 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, injury, 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 2010 Council Philmont Contingent, including preliminary training and travel, are hereby expressly wavered by the applicant.

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.

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.

I have or I will participate in *Youth Protection Training* prior to the contingent departure for Philmont Scout Ranch.

Personal Signature _____ Date _____

**IN CASE OF EMERGENCY NOTIFY:**
**(**WHILE EN ROUTE TO, DURING, AND EN ROUTE HOME.)

**Relationship:** _____

**Name:**_____

**Address:**_____

**City/State/Zip:**_____

**Phone #'s to include area codes:** **H** _____
**B** _____