



**East Carolina Council
2010 Philmont Contingent**

YOUTH APPLICATION



<p>For Office Use Only</p> <p>Date Received/ # _____/_____ Amount Received _____ Registration # _____</p>
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Social Security Number _____

Height feet ___ inches ___ Weight _____

Last grade completed as of June 2010 _____

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

First Name & Initial _____ Last Name _____

Address - Street/RFD _____ Phone # (___ - ___ - ___) _____

City _____ State _____ Zip Code _____

email address _____

Troop/Venture Crew/Ship Unit Number _____ Rank in Scouting _____

Youth participants must be 14 years old by September 1, 2010 OR have completed the eighth grade prior to departure.

Scoutmaster/Venture Advisors Approval: _____ Date _____

Leaders Comments:

Council Registration and Enrollment of Understanding

I enclose the registration fee for the 2010 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 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 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.

Participants Signature _____

Parent/Guardian Personal Signature _____ Date _____

IN CASE OF EMERGENCY NOTIFY:

Relationship: _____
Name: _____
Address: _____
City/State/Zip: _____
Phone #'s to include area codes: H _____
B _____