



2011 Philmont Scout Ranch YOUTH* Application

Name – First Name & Initial

Last Name

Social Security #

Address

Date of Birth

City

State

Zip Code

Troop/Unit #

Type Group *Boy Scouts, Varsity, Venture*
(Circle One)

Phone – Cell

Phone – Home

Email address

** All registered youth both boys and girls in Boy Scouts, Varsity or Venture crews are invited to apply—this is a co-ed opportunity.*

I enclose the \$150.00 reservation fee required with this application. The undersigned understands that by making application, the \$150 reservation fee is non-refundable. Furthermore, additional fees will be paid on the applicable payment schedule, and will be refundable only in the event that a replacement participant is found prior to the trip. This policy is needed in order to protect remaining participants from increased costs that would result if the contingent were not fully subscribed. I agree to live the Scout Oath and Law and obey and cooperate with my Philmont Leaders. I agree to meet my full responsibilities as a member of my local Council contingent, participate in the preliminary Philmont Training as may be required, and to wear the official BSA Uniform.

In consideration of the benefits to be derived from participation in the 2011 Philmont Trek, any and all claims against the Boy Scouts of America or its local Council, or any of the officers, employees, agents, or other representatives of any of them, or any other persons 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 property, in connection with or incidental to the 2011 Philmont Trek, including preliminary training and travel, are hereby expressly waived by the parents and the applicant.

Scout Personal Signature _____

APPROVAL OF PARENTS OR GUARDIANS

On behalf of my child and myself, I (we) hereby approve and agree to all the terms and conditions of the application and certify that the applicant can meet the health and physical fitness requirements of the trek and will be examined by a licensed health care practitioner.

Parent (s), Guardian (s), or Adult (s) serving in place of Parents (s)

Date

Parent (s), Guardian (s), or Adult (s) serving in place of Parents (s)

Date

IN CASE OF EMERGENCY, NOTIFY:

Name & Relationship _____

Address (City, State & Zip) _____

Phone (day & evening) _____

For more information about Philmont—go to Web URL address:

<http://www.scouting.org/scoutsources/HighAdventure/Philmont/AboutPhilmont.aspx>