

For Office Use Only

Date Received: _____

Date Posted: _____

Account # 054-20

East Carolina Council

2018 Philmont Contingent

ADULT LEADER APPLICATION

PLEASE PRINT CLEARLY / INCOMPLETED APPLICATIONS WILL BE RETURNED

Full Legal Name (Including first, middle, last and suffix) – Used for airplane reservations					
Address				T-shirt Size (circle one - adult-sizes): S M L XL 2XL 3XL	
City			State		Zip
Email					
Phone Number					
Height (Feet/Inches)		Weight		Gender (M/F)	Date of Birth (mm/dd/yy)
Unit Number		Unit Type (Troop/Crew/Ship)		Position	

Training Level: BSA Youth Protection Trained: Yes ___/No ___ Wilderness First Aid Trained: Yes ___/No ___

Staff Advisor Approval: _____ Date _____

EMERGENCY CONTACT INFORMATION

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

I agree to pay the registration fee for East Carolina Council Philmont Contingent according to the Payment Schedule, I agree to live by the *Scout Oath* and *Law* and to 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 2018 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 2018 Council Philmont Contingent, including preliminary training and travel are here by 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 for 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 2018 | 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. A partial refund may be made of funds not otherwise paid out on that participants behalf.