For Office Use Only
Date Received:_____
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Account # 054-20

East Carolina Council
2014 Philmont Contingent
YOUTH APPLICATION

PLEASE PRINT CLEARLY / INCOMPLETED APPLICATIONS WILL BE RETURNED

Name (First/Initial/Last)				
Address				
City		State	Zip	
Email				
Phone Number				
Height (Feet/Inches)	Weight	Grade Completed May '14	Sex (M/F)	Date of Birth (mm/dd/yy)
Unit Number	Unit Type (Troop/Crew/Ship)	Rank in Scouting		

Youth Participants must be 14 years old by January 1, 2014 OR have completed the 8th Grade prior to departure.

Scoutmaster / Venturing Advisor Approval:_____ Date_____

Leaders Comments:_____

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 *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 2014 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 2014 Council Philmont Contingent, including preliminary training and travel are hereby expressly wavered by the applicant and/or parents/guardian.
This application includes my request for personal accident insurance to be purchased in my behalf. The cost or 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:_____ Parent/Guardian Signature:_____
Date:_____

Mail or Fax payment and completed form to:
East Carolina Council | Attn: Philmont 2014 | 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 any funds not otherwise paid out on that participants behalf.