

Marin Council  
Philmont Contingent 2006 Youth Application  
Expedition Dates: July 24 - August 6, 2006



**Please print all information clearly.**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Area code + phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Rank \_\_\_\_\_

Email Address \_\_\_\_\_ Male / Female \_\_\_\_\_

Birth Date \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Grade \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Unit # \_\_\_\_\_ District \_\_\_\_\_ Position in Unit \_\_\_\_\_

Other leadership positions in the past \_\_\_\_\_

Scout Training Background: Troop JLT \_\_\_\_\_ Brownsea \_\_\_\_\_ CPR \_\_\_\_\_ First Aid \_\_\_\_\_

Unit Leaders Name \_\_\_\_\_ Phone \_\_\_\_\_

I have earned the following merit badges. Mark YES or NO by each one. Not having these badges does not stop you from attending. If a Venturer please list Venturing Awards on a separate sheet.

Hiking \_\_\_\_\_ Back Packing \_\_\_\_\_ First Aid \_\_\_\_\_ Orienteering \_\_\_\_\_

Cooking \_\_\_\_\_ Camping \_\_\_\_\_ Wilderness Survival \_\_\_\_\_

Have you participated in any of these events, if so list year.

Marin Sierra summer camp \_\_\_\_\_ National Jamboree \_\_\_\_\_ 50 Miler Award \_\_\_\_\_

Philmont Trek \_\_\_\_\_ Northern Tier \_\_\_\_\_ Sea Base \_\_\_\_\_ World Jamboree \_\_\_\_\_

Total number of camping nights \_\_\_\_\_ Backpacking overnights \_\_\_\_\_

Longest backpacking trip in days \_\_\_\_\_ and miles \_\_\_\_\_, When \_\_\_\_\_

Extracurricular Activities \_\_\_\_\_

Honors/Awards Received \_\_\_\_\_

Attached to this application you will need a check for \$50 and a current photo. If you are not accepted for the contingent your \$50 will be refunded.

Return this form to: Attn: Philmont  
Marin Council BSA  
225 West End Avenue  
San Rafael, CA 94901

(see reverse)

## CODE OF CONDUCT

All youth and adult participants are selected based on their qualifications in character, camping skills, physical and personal fitness, and leadership qualities. As a Philmont trek participant, I understand this and support the reasonable demands of conduct expected of me.

### AS A PHILMONT TREK PARTICIPANT:

- I will observe the rules of my Philmont trek leadership.
- I will live the Scout Oath and Law or Venturing Code and Oath.
- I will observe, respect, and strive to live the Boy Scout Outdoor Code and Philmont Wilderness Pledge.
- I will Wear my full official BSA "Class A" uniform or proper clothing, as required. I understand that unofficial decorations are not a part of the official uniform.
- I understand that the purchase, possession, and consumption of alcoholic beverages or illegal drugs are prohibited and will result in my dismissal from the Philmont trek at my expense.
- I understand that gambling of any form is prohibited.
- I understand that possession and detonation of fireworks are prohibited.
- I will demonstrate respect for other participants' personal property and for Philmont property and will be personally responsible for any loss, breakage, or vandalism of property as a result of my actions.
- I understand that deliberate destruction of property is not permitted and will result in dismissal from the Philmont trek at my expense.
- I will at all times be considerate of other participants and staff at Philmont Scout Ranch.
- I understand that serious violations of this code of conduct may result in expulsion from the Philmont trek at my own expense.
- I understand that Philmont offers high adventure backpacking treks and program activities in relatively inaccessible mountainous terrain. Parents, advisors, and youth participants should be alert to the potential for injury. Philmont strives to minimize risks to participants and advisors by emphasizing proper safety precautions. I agree to follow these safety measures and to accept responsibility for my health and safety.

### PARTICIPANT

I have read and promise to abide by the conditions in the Code of Conduct as a participant in the Chicago Area Council Philmont trek.

**Signature of Participant** \_\_\_\_\_ **Date** \_\_\_\_\_

### PARENTAL APPROVAL (if participant is under age 18)

Our son/daughter has our complete permission to participate in a Philmont trek. We understand that a Philmont trek is physically demanding and involves a degree of personal risk to participants. It is understood that this is a voluntary activity and a privilege to be selected as a participant. We understand that fees paid are not refundable unless a suitable replacement is found and that failure to make a payment by the scheduled due date may result in additional costs to us.

**Signature of parent or guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parents Name ( Print )** \_\_\_\_\_ **Day time Phone** \_\_\_\_\_

**Parent's Email Address** \_\_\_\_\_

### UNIT LEADER APPROVAL

This Scout or Scouter is a member in good standing and I approve his/her participation in the Marin Council Philmont trek. In addition, I certify that this is an individual I am pleased to have represent my troop/crew.

**Signature of unit leader** \_\_\_\_\_ **Date** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**MEDICAL RELEASE FORM AND  
AUTHORIZATION FOR CONSENT TO TREATMENT OF A MINOR**

Scouts Name: \_\_\_\_\_

Unit #: **Philmont Crew**

The undersigned do hereby authorize the Marin Council's Officers or Representatives, Philmont Contingent Adult Leaders, or such substitutes as may designate, as agent for the undersigned to consent to any X-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above named minor which is deemed advisable by and to rendered under the general and supervision of any physician and surgeon, licensed under the Provision of Medicine Practice Act, or of any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, Scout Camp, or elsewhere.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provision of SECTION 25.8 of the CIVIL CODE OF CALIFORNIA.

The authorization will remain effective while the above named minor is en route to or from, or involved or participating, in any program or activity of the Marin Council, Boy Scouts of America, Philmont Contingent, unless revoked in writing by the undersigned, and delivered to the aforesaid agent.

Father or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Father or Guardian: \_\_\_\_\_  
(Print Name Here)

Mother or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Mother or Guardian: \_\_\_\_\_  
(Print Name Here)

Home Address: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ Work Phone: (     ) \_\_\_\_\_

Family Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone No.: (     ) \_\_\_\_\_