

Welcome to Philmont  
Family Weekend  
April 26-April 28, 2024



Guidebook

# General Information

Register online at: <https://scoutingevent.com/562-2024PhilmontFamilyWeekend>

Registration closes on April 19 at 11:59pm

Payment is by Credit Card Only at the time of registration

April 26, 2024 — Check-In: 5:00pm –10:00pm (MST)

April 28, 2024 — Check-Out: 11:45am (MST)

Everyone must complete the Medical Form on pages 16-18 and they will be collected at check-in by Philmont Staff. You can't remain on the Ranch without them completed.

Philmont Scout Ranch

17 Deer Run Road

Cimarron, NM 87714

Contact:

Chrystene or Dustin Speed

Volunteer Event Coordinators

806-358-6500

[cspeed@speedpainting.com](mailto:cspeed@speedpainting.com)—806-679-6418

# Event Details

## Pricing is per person

An all inclusive event price of

\$65.00 per person

(6 years old and up)

\$10.00 per child

(5 years old and under)

## Pricing includes:



## Tent City Lodging

Two-person tent with one cot per person

Families will be grouped together

Tent is provided and already set-up

Electricity in each tent

Friday night and Saturday night

## Three Meals

Philmont Dining Hall meals: Saturday Breakfast and Dinner and Sunday Breakfast

**(Note– Saturday lunch is not included and should be planned by each family)**

## Activities

Friday Night games and fellowship, Crackerbarrel, Villa Tours, Tooth of Time Trading Post, Scouting Museum Tours, T-Rex Print Hike, Crafts for Kids, Saturday Night Campfire, Sunday Funday– Tomahawk Throwing (age 11 and up), Archery (all ages) Lover's Leap Hike, Fishing, and more

# Tent City

**Each Wall Tent houses two people and has two cots provided for you.** If you wish to have a young child sleep in your tent as well, please notify the council office upon registration so we can prepare your tent for you!

## **EVERY TENT HAS ELECTRICITY!**

**Each tent will be set-up and ready for your belongings.** The travel distance from parking to your tent is very short.

**If you or someone in your family requires handicap access, you must notify the council office immediately upon registration so that we can begin preparations to best facilitate your needs with Philmont.**

**The shower house and bathrooms are nearby the tents and offer private individual stalls with locking doors for privacy.**

**There is a central fire pit, but not individual fire pits.** There is one grill available for cooking, but please let us know if you plan to use it so we can communicate this to Philmont to make sure propane is available for the grill. Fire bans may preclude any fires.



# Packing List

Here is a suggested packing list to pack for adults and children. Uniforms are not required.

- \* Camping Chair
- \* Sleeping Bag and Pillow (Cot and Pad provided)
- \* Day Pack or Backpack
- \* Water Bottle or Canteen
- \* Flashlight and Lantern
- \* Sunglasses, Sunscreen, and Bug Spray
- \* Plastic Bag for wet clothes or dirty clothes
- \* Baby or child items as applicable
- \* Hat, Gloves, Jacket (Temperature can be around 70 degrees during the day and 40 degrees at night)
- \* Socks and Shoes
- \* Pants, Shirts, Shorts
- \* Pajamas or sleepwear
- \* Fishing Gear and Bait (if you are planning on fishing)
- \* Rain Gear or Poncho
- \* Soap and Shampoo, Toothbrush and Paste, Bath Towel and Shower Shoes or Sandals
- \* Spending Money for the Trading Post
- \* Additional money for adventures in town
- \* Snacks (need to be kept inside a closed container or vehicle at all times)



## Things to remember...

We encourage each family to spend as much time together as possible. Since this is a Family Event, the focus of the activities are **NOT** on Adventures or Scout Requirements. The activities offered are a guide as to things that your family can choose to do. Please feel free to add your own fun activities.

# Getting There

**From Amarillo, allow 4 hours travel time not including pit stops!**

**Recommended route from the Scout Service Center office:** Follow FM 1061 (Tascosa Rd.) West to Highway 385. Turn North (Right) onto Highway 385. In Dalhart, continue NW onto Highway 87. In Clayton, NM turn SW (Left) onto Highway 412. In Springer, NM take I-25 North to exit 58 West. Continue to Cimarron. Turn South (Left) onto Highway 21 and continue to Philmont. Turn left at Philmont Training Center (Left on Orchard Rd.) then follow the signs to Tent City.

**Remember that Philmont is at an elevation of about 10,000 feet. Please be well hydrated and prepared for the elevation change.**



# Friday Events

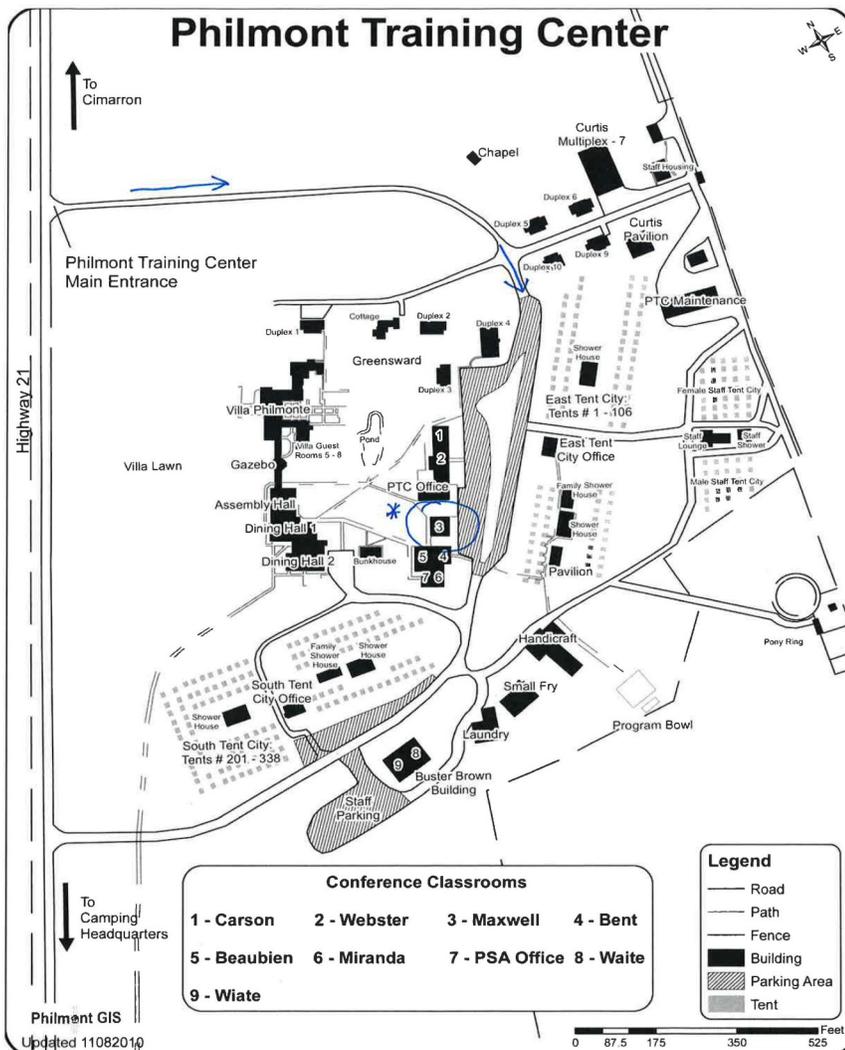
Check-in starting at 5:00pm (MST). Follow the signs to the Maxwell Classroom Center next to Tent City

Please arrive by 10:00pm (MST)

Dinner is **not** provided Friday night. Please make eating arrangements during your travel. Food is available in Dalhart, TX, Clayton, NM, and Springer, NM. There is some food available in Cimarron but

you should check before arriving to ensure they are open.

Your weekend schedule, tent assignments, and other event details will be provided in your welcome packet for each family upon check-in.



# Saturday Events

Your family is free to enjoy any of the planned activities offered, create an adventure on your own, or just relax and enjoy Philmont Scout Ranch!



**Breakfast** is 7:00am to 8:00am (MST) at the Dining Hall.

As a reminder, Saturday lunch is **NOT** included in the event costs. Bring your own lunch or head into Cimarron or the surrounding towns for lunch.

**Dinner** is 5:00pm to 6:00pm (MST) at the Dining Hall.

There are **NO Discounts** in fees if you plan not to eat with the group. You are welcome to do so but no discounts!

## Saturday evening event

The evening is packed full of fun and fellowship. There will be a cracker-barrel, campfire, and many laughs for sure! Watch for the location at check-in...



# Sunday Events

Your family is welcome to leave anytime you wish.

**Breakfast** is 7:00am to 8:00am (MST) at the Dining Hall.



**Please decide ahead of time if you want to attend the Tomahawk Throwing/ Archery and/or Lover's Leap Hike. We will ask you to register for there on Friday at check-in!**

**Tomahawk Throwing** is 9:30am to 11:00am (MST) at the tomahawk range. This fun event is open to those ages 11 and above. All supplies are provided to you. We will also have Camp Cup Branding at this time so make sure you buy your cup at the Scout Shop or the Tooth of Time Traders!!!! We will also offer Archery for all ages which is located next to the Tomahawk Range! All supplies and instructors are provided as part of your fees.



**Lover's Leap Hike** begins a 11:00am (MST) and a guide is provided as part of your fees! This is a beginner level hike that encompasses a two-mile round-trip adventure. Breath taking views await you on this trail.



# Philmont Musts

Philmont offers several options at the ranch to visit



**Please decide ahead of time if you want to attend the Villa Tour. We will ask you to register for that tour on Friday at check-in!**

## Tooth of Time Traders

8:00am –Noon and 1:00pm -5:00pm (MST) Saturday

Definitely make this stop a must visit on your weekend at Philmont. Gifts, patches, shirts, and so much more Philmont gear awaits you.



## Villa Philmont Tour

10:30am or 1:00pm or 2:30pm Saturday Only

The Villa Philmont was the summer home of Waite and Genevieve Phillips. It was constructed in the Spanish Mediterranean style from 1926 to 1927 and is 28,400 square feet in size. The Villa is now a museum and tour guides tell the story of the Phillips family, their Philmont Ranch, and the gifting of that ranch in two parcels to the Boy Scouts of America.

## Scouting Museum

9:00am to 5:00pm (MST) Everyday



The Boy Scouts of America Museum recently opened in 2018. Located across the street from the camping headquarters, it features artwork, displays from the beginning of Scouting, Order of the Arrow history and a gift shop. Don't miss the opportunity to visit!

# Night Gatherings

**Evening time to cut loose, laugh together, and relax!!!!**

## **Kids Craft Time**

6:30pm to 7:30pm (MST) Saturday

Fun time for the kids of all ages to be creative and spend time with friends– new and old while making something to keep from this weekend. Adults are welcome to join the fun and help the kids.

(Location TBD)

## **Cracker Barrell**

7:30pm to 8:00pm (MST) Saturday

Gather with your family and friend's at the Program Bowl (next to Tent City). Enjoy some time to visit as we gather for the evening's campfire program. Crackers, cheese, and meats, along with a cup of coffee or hot chocolate will make for a good campfire pre-cursor!



## **Campfire**

8:00pm to ????? (MST) Saturday

Skits, songs, jokes, and so much more await us all at this gathering. Each family is encouraged to join in the festivities. Spend some time practicing prior to the event. Bring guitars, costumes, and song books and make some fun memories with your family and friends.



# Hike and Fish

**Philmont offers several options of free time activities for you**

## **T-Rex Track Hike**

10:30am or 2:30pm (MST) Saturday Only

There are several approved day hikes you can take during free time.

All are fairly easy and give you a small taste of the backcountry.

This is a guided hike offered at the two listed times. Meet at the Maxwell Classroom Center to drive as a group to the trail head for this hike. The T-Rex Track Hike is a beginner level trail that is 2 miles round-trip. Please be ready to depart promptly at your hike time.



Note: Hikers should bring water bottles, rain gear, a day pack, jacket and hiking boots/shoes, and jacket.

Only those in good physical condition should attempt to hike Philmont Trails.

## **Fishing**

Fishing is currently available at Cimarron State Park Lake located between Ute Park and Eagles Nest.

There is a \$5.00 daily vehicle parking fee (check for fee changes) and you must have a New Mexico Fishing License depending on the age of the angler. There are also streams all around the local area that you can fish in. Please visit the site listed below prior to making any trip plans:

<https://www.reserveamerica.com/explore/cimarron-canyon/NM/430023/overview>

To purchase a Fishing License:

<https://onlinesales.wildlife.state.nm.us/>



# Area Attractions

**Areas close to Philmont Scout Ranch offer many options of short day trip varieties for those families looking for fun off the Ranch!**

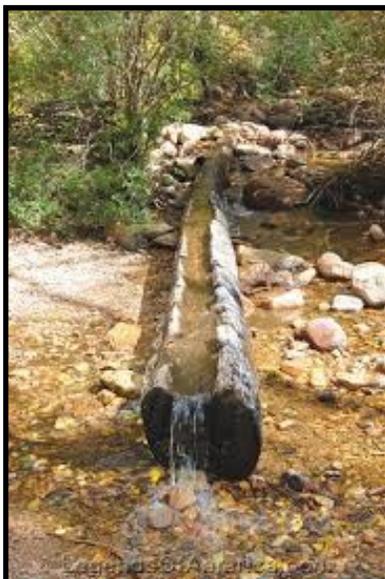
**Eagle Nest**— Approx. 45 minutes from Philmont— This nice town has a few shops and a huge lake for fishing. There are a couple of food options as well.

**Red River**— Approx. 1 hour from Philmont— Many shops, stores, and restaurant are here to explore. They also offer horseback riding, ATV Rental, Jeep Rentals, biking and a small lake for fishing.



**Angel Fire**— Approx. 1 hour from Philmont— A great Ski town but they offer outdoor shops and restaurants as well as events at the slopes. In addition the Vietnam Veteran's Memorial State Park is a must visit and it's located just outside of town. It is a perfect place to stop and is great education for the whole family.

Make sure you call ahead, make any required reservations and check on ticket prices for any activity you wish to do.



## Water Log

A favorite stop along the highway to Eagle Nest at Mile Marker 292. Mother Nature has a great way of showing her beauty to us, For many years this tree has facilitated the flow of water from the hilltops to the stream. Check out what the water has carved as it flows through this great pine tree. You won't be disappointed!!!!

# Local Attractions

**Cimarron is a short drive from Philmont Scout Ranch and offers a variety of options for a quick trip away from the Ranch!**

**(Please check with these businesses for operating hours)**



## **Express St. James Historic Hotel**

Come visit the historic hotel built in 1872 and catch a glimpse of the Wild Wild West. We've been told that ghosts are in the hotel's guest rooms. You can also catch a meal there as well.

## **Hikers Coffee Company**

337 East 9th Street, Cimarron, New Mexico 87714

575-689-2635

Super cozy family owned coffee shop with a variety of coffee, espresso/lattes, tea, ice cream, lemonade, breakfast sandwiches, pastries, gift items and more.



**There are many other points of interest in town so take a drive and see what's open!**

You will find everything you can imagine in Cimarron's shops. Fine art, crafts, pottery, western wear, and a variety of gifts and souvenirs await. Shopping is unique to Cimarron, so escape the mall and bustling crowds, and discover all that awaits you.

There is also a **Family Dollar** in case you need specific items found in this type of store! Gasoline is available in town but we suggest you fill up in the closest major town (Dalhart, Springer etc.) and simply top off in Cimarron as prices are higher here!

# From the Council

## Greetings!

The Philmont Family Weekend first took place many many years ago and then disappeared from scheduled council activities. Due to Covid-19 in 2020 and 2021 and then the fires in 2022, we were not able to have this event but it's back! When we've had the event, hundreds of families have attended and experience this awesome place that we call "The Ranch"

In 2023 (the last time we went to Philmont) over 40 Scouts, Scouters, family members, grandparents, aunt's and uncles participated and they all had a fantastic time - Really - we asked them and that's what they told us. The mountains, nature, the animals, the facilities, and the food were awesome— that's what they told us!

Please consider this all inclusive family activity to spend high quality time away from your home town with other like-minded folks. We guarantee you will have the best time.

We look forward to seeing you at Philmont Scout Ranch!!!

*Chrystene and Dustin Speed*

## Part A: Informed Consent, Release Agreement, and Authorization

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_  
or staff position: \_\_\_\_\_

### Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/ videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

*Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a])* My signature below on this form indicates my permission.

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

Checking this box indicates you DO NOT want your child to use a BB device.



**NOTE:** Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.

List participant restrictions, if any: \_\_\_\_\_

None

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont Scout Ranch, Philmont Training Center, Northern Tier, Sea Base, or the Summit Bechtel Reserve, I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature for youth: \_\_\_\_\_ Date: \_\_\_\_\_

(If participant is under the age of 18)

### Complete this section for youth participants only:

#### Adults Authorized to Take Youth to and From Events:

You must designate at least one adult. Please include a phone number.

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

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

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Adults NOT Authorized to Take Youth to and From Events:

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

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

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_



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## Part B1: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**High-adventure base participants:**

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height (inches): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit leader: \_\_\_\_\_ Unit leader's mobile #: \_\_\_\_\_

Council Name/No.: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Health/Accident Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.

**In case of emergency, notify the person below:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Alternate contact name: \_\_\_\_\_ Alternate's phone: \_\_\_\_\_

### Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	Last HbA1c percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension (high blood pressure)	
<input type="checkbox"/>	<input type="checkbox"/>	Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
<input type="checkbox"/>	<input type="checkbox"/>	Family history of heart disease or any sudden heart-related death of a family member before age 50.	
<input type="checkbox"/>	<input type="checkbox"/>	Stroke/TIA	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma/reactive airway disease	Last attack date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Lung/respiratory disease	
<input type="checkbox"/>	<input type="checkbox"/>	COPD	
<input type="checkbox"/>	<input type="checkbox"/>	Ear/eyes/nose/sinus problems	
<input type="checkbox"/>	<input type="checkbox"/>	Muscular/skeletal condition/muscle or bone issues	
<input type="checkbox"/>	<input type="checkbox"/>	Head injury/concussion/TBI	
<input type="checkbox"/>	<input type="checkbox"/>	Altitude sickness	
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric/psychological or emotional difficulties	
<input type="checkbox"/>	<input type="checkbox"/>	Neurological/behavioral disorders	
<input type="checkbox"/>	<input type="checkbox"/>	Blood disorders/sickle cell disease	
<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells and dizziness	
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	
<input type="checkbox"/>	<input type="checkbox"/>	Seizures or epilepsy	Last seizure date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Abdominal/stomach/digestive problems	
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease	
<input type="checkbox"/>	<input type="checkbox"/>	Skin issues	
<input type="checkbox"/>	<input type="checkbox"/>	Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	List all surgeries and hospitalizations	Last surgery date: _____
<input type="checkbox"/>	<input type="checkbox"/>	List any other medical conditions not covered above	



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## Part B2: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

<b>High-adventure base participants:</b> Expedition/crew No.: _____ or staff position: _____
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### Allergies/Medications

DO YOU USE AN EPINEPHRINE AUTOINJECTOR? Exp. date (if yes) \_\_\_\_\_  YES  NO

DO YOU USE AN ASTHMA RESCUE INHALER? Exp. date (if yes) \_\_\_\_\_  YES  NO

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Medication		<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Food		<input type="checkbox"/>	<input type="checkbox"/>	Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

Check here if no medications are routinely taken.  If additional space is needed, please list on a separate sheet and attach.

Medication	Dose	Frequency	Reason

YES  NO Non-prescription medication administration is authorized with these exceptions: \_\_\_\_\_

Administration of the above medications is approved for youth by:

\_\_\_\_\_/\_\_\_\_\_  
 Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)

**Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.**

### Immunization

The following immunizations are recommended. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
<input type="checkbox"/>	<input type="checkbox"/>		Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>		Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>		Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>		Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>		Polio	
<input type="checkbox"/>	<input type="checkbox"/>		Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>		Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>		Influenza	
<input type="checkbox"/>	<input type="checkbox"/>		Other (i.e., HIB)	
<input type="checkbox"/>	<input type="checkbox"/>		Exemption to immunizations (form required)	

**Please list any additional information about your medical history:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DO NOT WRITE IN THIS BOX.**  
 Review for camp or special activity.

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Further approval required:  Yes  No

Reason: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_