

GOLDEN SPREAD COUNCIL  
PRESENTS

JOIN  
US!

25-27  
APRIL  
2025



# PHILMONT FAMILY WEEKEND



# GUIDEBOOK

PHILMONT  
SCOUT  
RANCH  
CIMARRON, NM.



# GENERAL INFO:

## REGISTER ONLINE:

[HTTPS://SCOUTINGEVENT.COM/562-2025PHILMONTFAMILYWEEKEND](https://scoutingevent.com/562-2025philmontfamilyweekend)

REGISTRATION CLOSES ON APRIL 18 AT 11:59PM.

PAYMENT BY CREDIT CARD ONLY AT THE TIME OF REGISTRATION.

(OTHER PAYMENT METHODS CAN BE MADE AT THE COUNCIL OFFICE PRIOR TO APRIL 11)

APRIL 25, 2025 — CHECK-IN: 5:00PM -10:00PM (MST)

APRIL 27, 2025 — CHECK-OUT: 11:45AM (MST)

EVERYONE MUST COMPLETE THE MEDICAL FORM ON PAGES INCLUDED IN THIS GUIDEBOOK AND THEY WILL BE COLLECTED AT CHECK-IN BY PHILMONT STAFF. NO ONE CAN REMAIN ON THE RANCH WITHOUT THEM COMPLETED.

## 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.**

## VOLUNTEER EVENT COORDINATORS CONTACT INFO:

DUSTIN & CHRYSTENE SPEED  
CSPEED@SPEEDPAINTING.COM 806-679-6418

JEFF & AMANDA WALLICK  
JEFF.WALLICK@GMAIL.COM 806-670-5975

GOLDEN SPREAD COUNCIL SERVICE CENTER (AMARILLO)  
806-358-6500

# EVENT DETAILS:

CAMP

## TIER 1

### PRICING INCLUDES:

EXTRA PROGRAMMING AND EXTRA MEAL  
- YOU DO NOT HAVE TO LEAVE FOR LUNCH ANYMORE!

**TIER 1 PRICING  
IS PER PERSON AT THE  
ALL INCLUSIVE EVENT  
PRICE OF:**

**\$75.00 PER PERSON  
(6 YEARS OLD AND UP)**

**\$10.00 PER CHILD  
(5 YEARS OLD AND UNDER)**

### \*TENT CITY LODGING FRI & SAT NIGHT

TWO-PERSON TENT WITH ONE COT  
PER PERSON

-FAMILIES WILL BE GROUPED TOGETHER  
IF YOU HAVE A YOUNG CHILD THAT WILL SLEEP  
IN YOUR TENT AS WELL, PLEASE NOTIFY THE  
COUNCIL OFFICE WHEN YOU GET REGISTERED.  
-TENT IS PROVIDED & ALREADY SET-UP  
-ELECTRICITY IN EACH TENT  
-ATTENDEES HAVE ACCESS TO  
PRIVATE BATHROOMS/SHOWERS  
-IF YOU OR SOMEONE IN YOUR FAMILY  
REQUIRES HANDICAP ACCESS, NOTIFY THE  
COUNCIL OFFICE @ REGISTRATION SO THAT WE  
CAN BEGIN PREPARATIONS TO BEST FACILITATE  
YOUR NEEDS WITH PHILMONT.

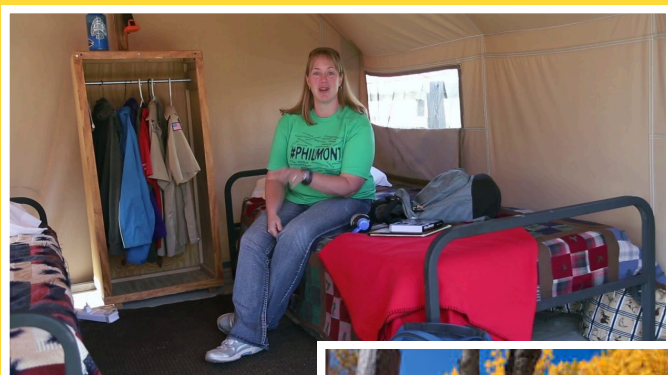
### \*FOUR MEALS

PHILMONT DINING HALL MEALS:

SAT. BREAKFAST, LUNCH &  
A COOK-OUT DINNER  
SUNDAY BREAKFAST

### \*ACTIVITIES

FRIDAY NIGHT GAMES AND FELLOWSHIP  
SATURDAY VILLA TOURS, TOOTH OF TIME  
TRADING POST, SCOUTING MUSEUM TOURS,  
DINO PRINT HIKE, LOVER'S LEAP HIKE, FISHING,  
CRAFTS FOR KIDS, EVENING MOVIE.  
SUNDAY FUNDAY- TOMAHAWK THROWING  
(AGE 11 AND UP), ARCHERY (ALL AGES),  
AND BRANDING.



# EVENT DETAILS CONTINUED...

NEW

## TIER 2 PRICING:

(DELUXE FAMILY TENT)

GREAT OPTION FOR  
LARGE FAMILIES OR GROUPS!

**TENT FEE: \$50 / NIGHT**  
**(MIN. 2 PEOPLE / MAX 6)**

**\$75.00 PER PERSON**  
**(6 YEARS OLD AND UP)**

**\$10.00 PER CHILD**  
**(5 YEARS OLD AND UNDER)**

- TIER 2 INCLUDES ALL OF THE FOOD AND ACTIVITIES OF TIER 1, PLUS DELUXE FAMILY TENT LODGING.
- FOR SIX: EACH TENT FEATURES A QUEEN-SIZE BED IN THE MAIN ROOM AND TWO SETS OF BUNK BEDS IN A SEPARATE SIDE ROOM.
- COVERED PORCH WITH CHAIRS: PERFECT FOR WATCHING YOUR KIDS PLAY, CATCHING UP ON SOME READING OR JUST WATCHING THE SUNSET.
- QUEEN BED & BUNK BEDS WITH PREMIUM LINENS: LEAVE YOUR SLEEPING BAG AT HOME. IF YOU OPT FOR A DELUXE TENT, THE PTC HAS YOU COVERED. (BE PREPARED WITH EXTRA WARM SLEEPING LINENS IN CASE THE WEEKEND IS A COLD ONE!)
- POWER: ELECTRICITY IN EACH TENT KEEPS YOUR PHONE CHARGED. A CEILING FAN KEEPS YOU COMFORTABLE DAY AND NIGHT. (THESE ARE NOT HEATED!)
- ACCESS TO PRIVATE BATHROOM/SHOWER HOUSES.
- PLEASE BE MINDFUL OF ALL YOUTH PROTECTION RULES WHEN DECIDING WHO WILL STAY IN THESE LIVING QUARTERS.
- THESE WILL BE ASSIGNED ON A FIRST COME/FIRST SERVE BASIS.



# 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 OR UNDER AT NIGHT)
- \* SOCKS AND SHOES
- \* PANTS, SHIRTS, SHORTS
- \* PAJAMAS OR SLEEPWEAR
- \* FISHING GEAR AND BAIT (IF YOU ARE PLANNING ON FISHING)
- \*\*YOU WILL NEED A NEW MEXICO FISHING LICENCE!**
- \* 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 - THERE ARE WILD ANIMALS WHO MIGHT COME LOOKING FOR YOUR TREATS!)



## THINGS TO REMEMBER...

THIS IS A FAMILY EVENT, WE ENCOURAGE YOU TO SPEND QUALITY TIME TOGETHER AS A FAMILY EXPLORING PHILMONT! THE FOCUS OF THE ACTIVITIES ARE TO HAVE FUN. THE ACTIVITIES OFFERED ARE A GUIDE FOR THINGS THAT YOUR FAMILY CAN DO. AND WE WELCOME YOU TO PLEASE FEEL FREE TO ADD YOUR OWN FUN ACTIVITIES.



# FRIDAY'S EVENTS:

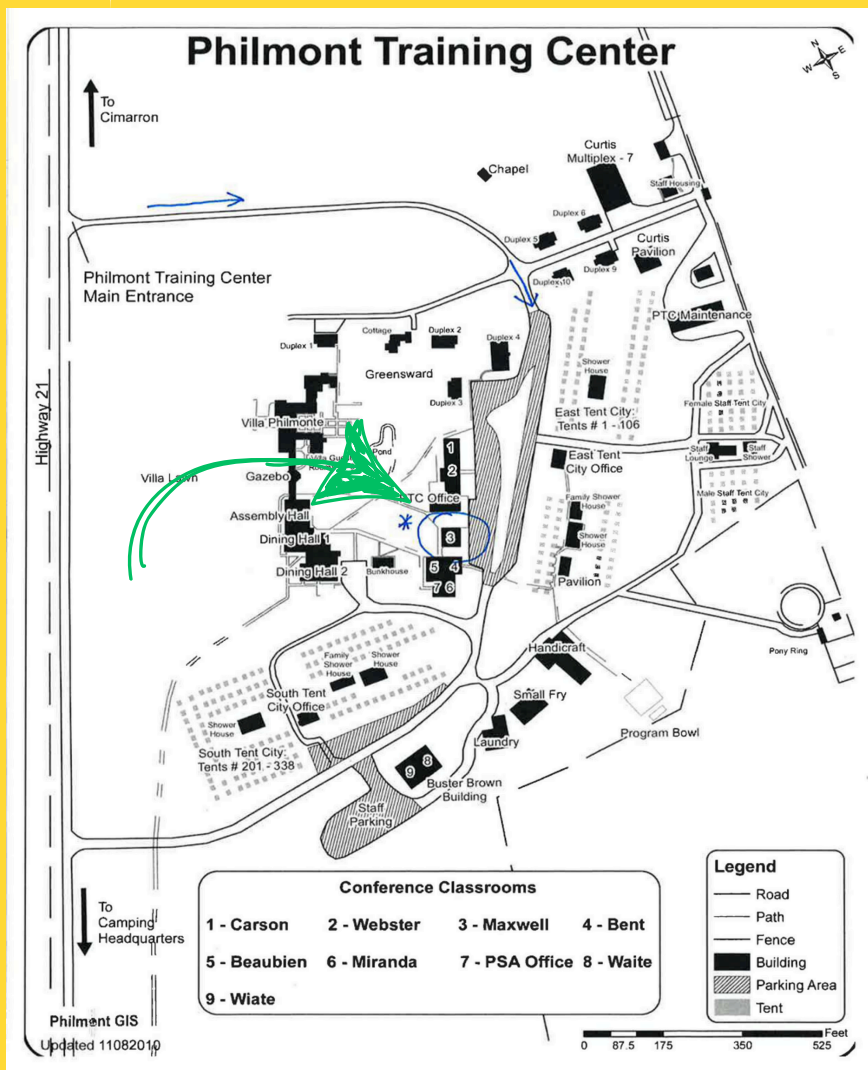
CHECK-IN STARTING AT 5:00PM (MST).  
FOLLOW THE SIGNS TO THE  
MAXWELL CLASSROOM CENTER  
NEXT TO TENT CITY.

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.

LIGHTS OFF BY 11:00 PM (MTN) PLEASE.



## NEW MEXICO FACTS

- NICKNAME: LAND OF ENCHANTMENT
- STATEHOOD: 1912; 47TH STATE
- POPULATION (AS OF JULY 2015): 2,085,109
- CAPITAL: SANTA FE
- BIGGEST CITY: ALBUQUERQUE
- ABBREVIATION: NM
- STATE BIRD: GREATER ROADRUNNER
- STATE FLOWER: YUCCA



NEW MEXICO FLAG

# SATURDAY'S 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! UNFORTUNATELY THERE IS NO DISCOUNT ON FEES IF YOU WANT TO EAT OUTSIDE OF THE PHILMONT PTC DINNING HALL TIMES*

**BREAKFAST IS 7:00AM TO 8:00AM (MST) THE PTC DINING HALL.**

**VILLA TOUR** - TIMES TO BE DETERMINED - A VARIETY OF OPTIONS WILL BE AVAILABLE THROUGHOUT THE DAY. (HEAD OVER TO THE VILLA AND WAIT OUTSIDE FOR YOUR TOUR GUIDE TO GREET YOU!) MUST PRE-REGISTER!

**DINO TRACK & LOVERS LEAP HIKES** - 8:30AM AND 1:30PM (HEAD OVER TO THE MAIN PHILMONT TRAINING CENTER OFFICE (ACROSS FROM THE TENTS YOU ARE STAYING IN AND WAIT FOR YOUR HIKE GUIDES. THEY WILL TRANSPORT YOU VIA PHILMONT VEHICLES TO THE TRAILHEAD. BRING BOTTLED WATER, GOOD HIKING TYPE SHOES, A HAT/SUNSCREEN, AND A CAMERA OF SOME SORT!) MUST PRE-REGISTER!

**TOOTH OF TIME TRADING POST** - 8AM TO 12:00PM AND 1:00PM TO 5:00 PM SATURDAY ONLY - YOU DRIVE YOURSELF OR ABOUT 3/4 MILE FROM THE TENTS.

**NATIONAL SCOUTING MUSEUM**- 9AM TO 5PM- YOU DRIVE YOURSELF OR ABOUT 3/4 MILE FROM THE TENTS.

**FISHING** - CIMARRON STATE PARK (SEE NEXT PAGE FOR DETAILS AND FEES)

**LUNCH IS 12:00 PM TO 1:00 PM (MST) THE PTC DINING HALL.**

**COOK-OUT DINNER AT THE PHILMONT TRAINING CENTER PAVILLION 5PM TO 6PM**

**CRAFTS FOR THE KIDS** (NEED AT LEAST ONE ADULT TO SUPERVISE) AT THE EAST TENT CITY OFFICE- 6:30PM

**CRACKERBARREL / MOVIE** SNACKS FOR EVERYONE AND MOVIE WILL TAKE PLACE IN ONE OF THE CLASSROOMS (TBD) AT 7:30PM (THIS REPLACES THE CAMPFIRE DUE TO FIRE BAN)



# SATURDAY'S EVENTS IN DETAIL:



## **DINO TRACK & LOVER'S LEAP HIKES**

**10:30AM OR 1:30PM (MST) SAT 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. THESE ARE GUIDED HIKES OFFERED AT THE TWO LISTED TIMES. MEET AT THE MAXWELL CLASSROOM

CENTER TO DRIVE AS A GROUP TO THE TRAIL HEAD FOR THIS HIKE. 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 IN CIMARRON CANYON SATURDAY AND SUNDAY**

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](https://www.reserveamerica.com/explore/cimarron-canyon/nm/430023/overview)

TO PURCHASE A FISHING LICENSE:

[HTTPS://ONLINE SALES.WILDLIFE.STATE.NM.US](https://onlinesales.wildlife.state.nm.us)

## PHILMONT MUST SEE PLACES...



### **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 PHILMONTE TOUR**

TIMES TBD 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 SQ. FT. 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 BSA.



### **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!

# SUNDAY'S EVENTS

*A Scout  
is Reverent*

*BREAKFAST IS 7:00AM TO 8:00AM (MST) THE PTC DINING HALL.*

*SCOUT'S OWN CEREMONY (WORSHIP SERVICE) - 8:30 AM PTC CHAPEL*

*TOMAHAWKS, BB GUNS, ARCHERY, BRANDING - PTC SHOOTING SPORTS COMPLEX*

*9:00 AM - 11:00 AM*

*DEPART CAMP BY 11:45 AM - SAFE TRAVELS!*

## 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)*



### **HISTORIC ST. JAMES 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 THIS GEM! 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.) & SIMPLY TOP OFF IN CIMARRON AS PRICES ARE HIGHER HERE!*

# 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 RESTAURANTS 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.**

GREETINGS!

THE PHILMONT FAMILY WEEKEND HAS BEEN A GOLDEN SPREAD COUNCIL TRADITION FOR MORE THAN 30 YEARS! WE HOPE THAT YOU WILL CONSIDER JOINING US FOR THIS WEEKEND FULL OF BEAUTY, NEW EXPERIENCES, FRIENDS, FAMILY AND FELLOWSHIP IN THE MAGICAL MOUNTAINS OF NEW MEXICO AND PHILMONT SCOUT RANCH.

IT CAN BE AS ACTION PACKED OR RELAXATION FILLED AS YOU LIKE! WE GUARENTEE THAT EITHER WAY, YOU WILL HAVE A GREAT TIME! IT IS AN AMAZING WEEKEND FOR THE ENTIRE FAMILY.

SINCERELY YOURS,

DUSTIN & CHRYSTENE SPEED / JEFF & AMANDA WALLICK (VOLUNTEER HOSTS)



## 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: \_\_\_\_\_



**Prepared. For Life.®**

## 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	



## Part B2: General Information/Health History

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

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

High-adventure base participants:

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

### Allergies/Medications

DO YOU USE AN EPINEPHRINE  
AUTOINJECTOR? Exp. date (if yes) \_\_\_\_\_ ☐ YES ☐ NODO 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 date(s). Please provide any additional information about your medical history:

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 immunization (if required)	

Please provide 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: \_\_\_\_\_

