

GOLDEN SPREAD COUNCIL
PRESENTS

JOIN
US!

24-26
APRIL
2026



PHILMONT FAMILY WEEKEND



GUIDEBOOK

PHILMONT
SCOUT
RANCH
CIMARRON, NM.



GENERAL INFO:

REGISTER ONLINE:

[HTTPS://SCOUTINGEVENT.COM/562-2026PHILMONTFAMILYWEEKEND](https://scoutingevent.com/562-2026philmontfamilyweekend)

REGISTRATION CLOSSES ON APRIL 17 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 26, 2026 — CHECK-IN: 5:00PM -10:00PM (MST)

APRIL 28, 2026— 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 6500 FEET. PLEASE BE WELL HYDRATED AND PREPARED FOR THE ELEVATION CHANGE.**

VOLUNTEER EVENT COORDINATORS CONTACT INFO:

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

CHRYSTENE SPEED
CHRYSTENE.SPEED@GMAIL.COM 806-679-6418

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:
(TENT CITY LODGING)

TENT FEE: \$40 / NIGHT

PLUS

\$85.00 PER PERSON

(6 YEARS OLD AND UP)

AND

\$20.00 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- ACTIVITIES LIKE

BRANDING, ETC...



EVENT DETAILS CONTINUED...

NEW

TIER 2 PRICING:

(DELUXE FAMILY TENT)

GREAT OPTION FOR LARGE FAMILIES OR GROUPS!

TENT FEE: \$100 / NIGHT
(MIN. 2 PEOPLE / MAX 6)

PLUS

\$85.00 PER PERSON
(6 YEARS OLD AND UP)

AND

\$20.00 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.



MORE EVENT DETAILS CONTINUED...

NEW

TIER 3 PRICING:

(MULTI-PLEX HOUSING)

ROOM FEE: \$110 / NIGHT

(MIN. 1 PERSON / MAX 2)

PLUS

\$85.00 PER PERSON



(6 YEARS OLD AND UP)

AND

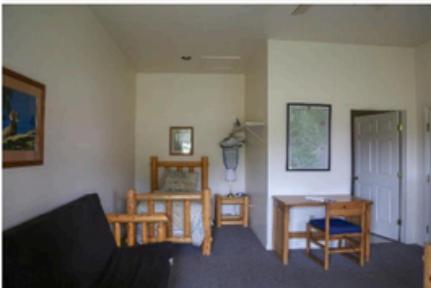
\$20.00 PER CHILD

(5 YEARS OLD AND UNDER)

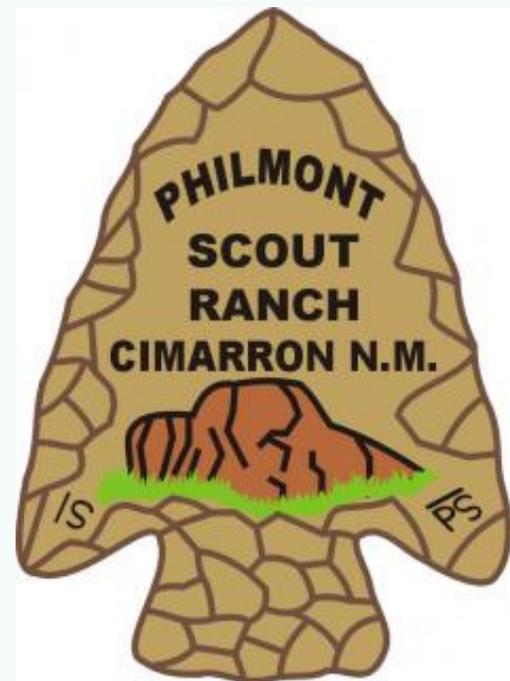
- TIER 3 INCLUDES ALL OF THE FOOD AND ACTIVITIES OF TIER 1, PLUS MULTI-PLEX FAMILY LODGING.

OPTIONS:

- ROOMS #1 - #8 (TWO TWIN BEDS)
- ROOMS #9 (ONE TWIN BED & ONE FULL SIZED BED)
- ROOM #10 & #11 (TWO SETS OF BUNK BEDS) BEDS WITH PREMIUM LINENS: LEAVE YOUR SLEEPING BAG AT HOME. IF YOU OPT FOR A MULTI-PLEX ROOM, THE PTC HAS YOU COVERED.
- POWER: ELECTRICITY IN EACH ROOM KEEPS YOUR PHONE CHARGED.
- PRIVATE BATHROOM/SOWER HOUSES.
- AIR CONDITIONING AND HEATER
- 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.



Multiplex Furnishings



PACKING LIST:

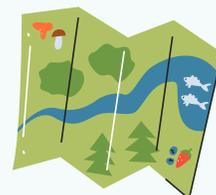
HERE IS A SUGGESTED PACKING LIST TO PACK FOR ADULTS AND CHILDREN.
UNIFORMS ARE NOT REQUIRED!

- * 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:

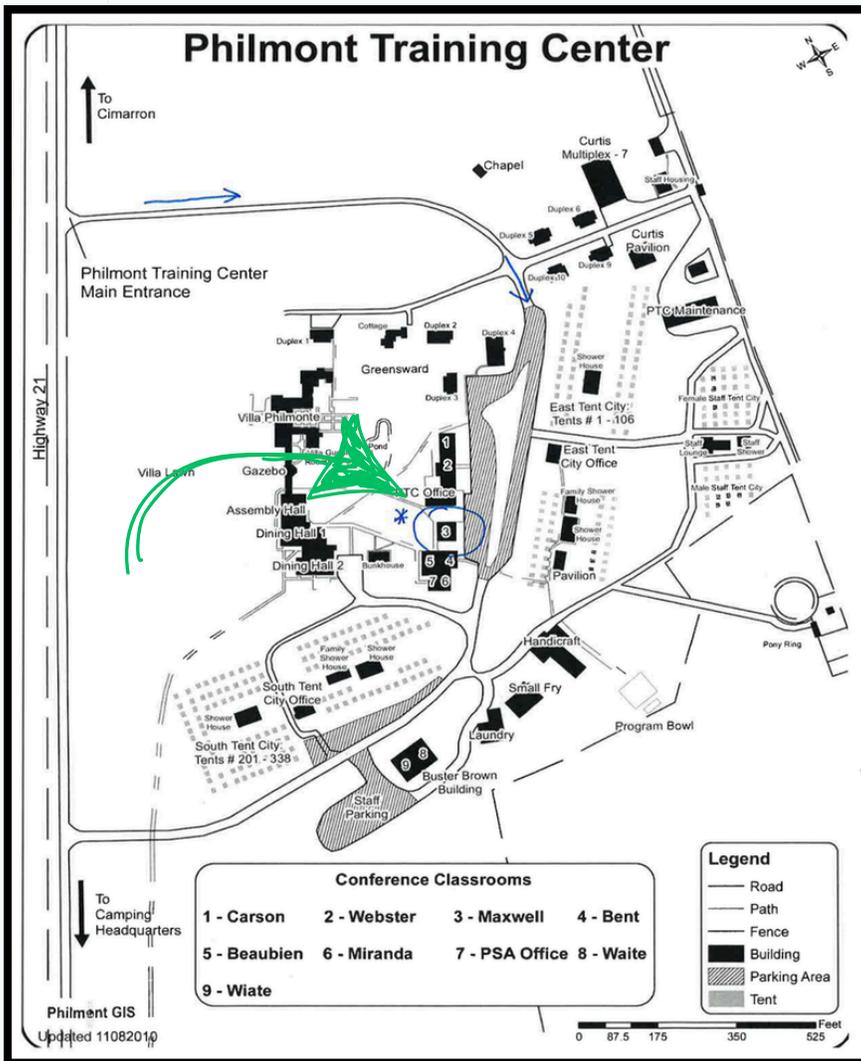
CHECK-IN STARTING AT 5:00PM (MST).
FOLLOW THE SIGNS TO THE
MAXWELL CLASSROOM CENTER
NEXT TO TENT CITY.

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.

NATIONAL SCOUTING MUSEUM – TIMES TO BE DETERMINED – A VARIETY OF OPTIONS WILL BE AVAILABLE THROUGHOUT THE DAY. (HEAD OVER TO THE MUSEUM 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.

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.



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



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

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

ACTIVITIES FOR ALL AT THE PTC SHOOTING SPORTS COMPLEX (BRANDING, ETC..)

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.**

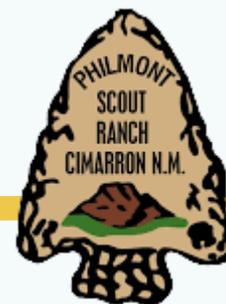
GREETINGS!

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,

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 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 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: _____

