

# TROOP 382

4-Rivers District, Baltimore Area Council  
Boy Scouts of America

## Baltimore Area Council Philmont Contingent

- Oldest national high-adventure base
- Rugged mountain wilderness in Sangre de Cristo range of the Rocky Mtns., N.M.
- Program features combine best of the Old West w/ exciting challenges for today
- Must be 1<sup>st</sup> Class and 14 years old, or having completed grade 8 and be at least 13
  - \$1850 includes all expenses w/ 6 payments beginning 9/13

When: July 10-23, 2012  
Where: Philmont Scout Ranch, northern New Mexico  
Departures: TBD  
Returns: TBD  
Cost: \$1850 fee per Scout . 1<sup>st</sup> payment \$375 due 9/15  
See website: keyword Baltimore area council philmont 2012

Limited space available now. Secure a spot today. You may be put on a wait list. Return this form and Participant Application to Mr. Halla or Mr. White ASAP.

Cut here

### Troop 382 Parent Release Form

My Scout \_\_\_\_\_ has permission to join the BAC Philmont Contingent on July 10-23, 2012 at Philmont Scout Ranch, New Mexico. I agree to this release as stated below. In the event of an emergency, I can be reached at \_\_\_\_\_ (required).  
My email address is \_\_\_\_\_

#### Additional Requirements and Medications (check Yes or No each line)

My Scout has food allergies and needs a special diet	Yes ___	No ___
Will prescription drugs/meds be taken during this trip?	Yes ___	No ___
My Scout will participate in fund-raising activities TBD	Yes ___	No ___
My Scout will participate in training/conditioning activities TBD	Yes ___	No ___

If yes, the medicine and instructions must be given to a scoutmaster by the parent.

#### Payment: \$1850 total

9/15/2011 \$375.00	10/15/2011 \$375.00	11/15 2011 \$350.00
12/15/2011 \$250.00	1/15/2012 \$250.00	2/15/2012 \$250.00

Scout Account \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_

In the event that I cannot be reached in an emergency I hereby give my permission to the adult scout leader in charge or his/her designated representative to seek the necessary doctor, hospital, and/or other medical treatment (e.g. anesthesia, injections, and surgery) for the above named scout; and further, I hereby authorize any qualified person administering medical treatment to provide such medical attention to the above named scout as the adult scout leader in charge or his/her designated representative requests.

I also give permission to the adult scout leader in charge or his/her designated representative to make any other medical decisions as he/she may deem necessary in the event of illness, accident or injury while traveling to or from or while participating in a troop or patrol activity.

I hereby release Troop 382, its charter organization, the BSA, the Scout Master, Assistant Scout Masters and Troop Committee members from all liability resulting from accidents, illnesses, or injuries occurring during a duly designated troop activity that troop members may attend with the sanction of the troop leadership. I also understand that this release does not affect any right of claim against the troop medical insurance policy.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_