

Youth Application - BSA High Adventure Base Expedition

I hereby make application to the Suffolk County Council to participate in the council's _____ expedition to:

(YEAR)

- Philmont Scout Ranch
- Northern Tier High Adventure Base
- Florida Sea Base
- The Summit Bechtel's High Adventure Base

Minimum requirements for youth are 13 years of age, and completed 8th grade, by the departure of the expedition. Boy Scouts or Venturers through 20 years of age may participate as youth members.

Name: _____ Troop/Crew # _____ District: _____
(Please print) (Circle)

Address: _____

City: _____ State: _____ Zip: _____

D.O.B. _____ Phone: _____ E-Mail: _____

Height: _____ Ft. _____ in. Weight: _____ lbs

Current position in your unit: _____

Leadership positions previously held: _____

Check all badges earned:

- Backpacking MB
- First Aid MB
- Camping MB
- Hiking MB
- Canoeing MB
- Swimming MB

Are you certified in CPR? Yes _____ No _____

Previous high adventure experience: (Circle all that apply and provide details)

Philmont Adirondacks Catskills Harriman Canoeing

Other long-term camping experience you have had, with dates:

School athletic teams: (team/year)

Non-school physical activities: (i.e. soccer, lacrosse, swim team, mountain biking)

I enclose the reservation deposit of \$100.00 required with this application. I agree to adhere to the Code of Conduct, obey and cooperate with the contingent leaders, to meet my full responsibilities as a member of our contingent, take such preliminary training as required, and to wear the official uniform, as directed by my crew advisor.

I certify that I now, or will meet the minimum age requirements and attained the qualifications listed in this application as required for all Boy Scout, Varsity Scout and Venture participants.

I further agree to submit evidence of fitness to make this trip on the official health form signed by a licensed physician; also that I will obtain immunizations if required.

Participant's signature _____ Date _____

APPROVAL OF PARENTS OR GUARDIANS

On behalf of my child and myself, I (we) hereby approve and agree to all terms and conditions of this application and to its correctness. Further, I (we) certify that the applicant can meet the health and physical requirements and will be examined by a licensed physician.

(Parent/guardian signature)

(Parent/guardian signature)

RECOMMENDATION FROM SCOUTMASTER/CREW ADVISOR

I recommend this member for participation in the Suffolk County Council High Adventure Expedition based on their personal qualifications and the health and physical requirements of the base.

(Scoutmaster / Advisor signature) Troop/Crew# _____

Submit with \$100.00 deposit to: **Suffolk County Council, BSA**
7 Scouting Blvd
Medford, NY 11763
ATT: High Adventure Treks

REFUND POLICY

The Suffolk County Council will make every effort to fill all openings in each High Adventure Base expedition and to establish a waiting list for each trip.

If a confirmed participant cancels their reservation all payments received to that date, less the initial application deposit, would be refunded if the vacancy can be filled.

If the vacancy cannot be filled only payments received, less the initial deposit and any non-refundable expenses already paid by the council to that point can be refunded.