

Philmont Participant Information Worksheet – Please return this completed form to your Lead Advisor or Reservation Contact/Contingent Advisor and they will enter this information into the Philmont Gateway website.

Title (optional): ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr. ☐ Sergeant ☐ Captain ☐ General

*First Name

Nickname (optional)

*MI

*Last Name

*Date of Birth (mm-dd-yyyy)

*Grade Completed (youth)

*Gender

*Height (Inches)

*Weight (lbs.)

*BSA Member Id #

***Ethnicity:** ☐ White ☐ Hispanic ☐ Black ☐ Asian ☐ American Indian ☐ Pacific Islander ☐ Other

***Religious Preference:** ☐ Roman Catholic ☐ Jewish ☐ Latter-Day Saints ☐ Christian-Protestant
☐ Buddhist ☐ Muslim ☐ Hindu ☐ Eastern Orthodox ☐ Other

*Address Line 1

Address Line 2

*Zip Code

*City

*State

***Phone Numbers (Adults Only)** – Include at least two.

Home Phone

(adults only)

Cell Phone

(adults only)

Work Phone

(adults only)

*Email (adults and scouts required)

Alternate Email (Optional)

***Crew Position** – Choose one: Adults: ☐ Lead Advisor ☐ Advisor
Youth: ☐ Crew Leader ☐ Wilderness Pledge Gula ☐ Chaplain's Aide ☐ Participant

***Scouting Position (Adults Only)** – Choose one: ☐ Scoutmaster ☐ Assistant Scoutmaster ☐ Venturing Advisor
☐ Venturing Associate Advisor ☐ Skipper ☐ Varsity Scout Coach ☐ Assistant Varsity Scout Coach ☐ Cubmaster ☐ Committee Chair
☐ Committee Member ☐ Professional Scouter ☐ Other Scouter

***Scout Rank (Youth Only)** – Choose one: ☐ Eagle ☐ Life ☐ Star ☐ First Class ☐ Second Class ☐ Tenderfoot ☐ Scout
☐ Summit ☐ Pathfinder ☐ Discovery ☐ Venturing Award ☐ Venturer ☐ Varsity Team
☐ Apprentice ☐ Ordinary ☐ Able ☐ Quartermaster ☐ None

***Number of prior treks:** _____

Certifications – Philmont requires that at least three participants in each crew be currently certified in Wilderness First Aid and three participants be certified in CPR. (If Expedition arrival day occurs during the expiration month listed on your card, Philmont will accept the certification.)

***Wilderness First Aid:** ☐ I'm not certified. ☐ Yes. My certification *expires (month/year): _____

(If substituting Wilderness First Aid, please choose one of the following certifications: ☐ Wilderness First Responder

☐ Outdoor Emergency Care ☐ EMT Basic ☐ EMT Intermediate ☐ Paramedic ☐ Military Corpsman ☐ Military Medic

☐ Registered Nurse ☐ Licensed Nurse Practitioner ☐ Licensed Physician's Assistant ☐ Licensed Physician ☐ Medical Doctor

***CPR:** ☐ I'm not certified. ☐ Yes. My certification *expires (month/year): _____

Medical Allergies: ☐ Eggs ☐ Milk/Dairy ☐ Peanuts ☐ Tree Nuts ☐ Soy ☐ Wheat ☐ Shellfish ☐ Fish ☐ Sesame ☐ Gluten

Religious: ☐ Halal ☐ Kosher **Other:** ☐ Vegetarian ☐ Vegan

Emergency Contacts: (should be 18+ and not going on the trek, for youth please include a parent/guardian)

*Primary Emergency Contact Name

*Phone number

☐ Home ☐ Cell ☐ Work

*Relationship to participant

Alternate Emergency Contact Name

Phone number

☐ Home ☐ Cell ☐ Work

Relationship to participant

*Denotes a required field