

Okefenokee Area Council High Adventure Youth Application

Complete this application and return to: Okefenokee Area Council, The S. William Clark, Jr. MD Scout Service Center, 302 Screven Ave., Waycross, GA 31501 or FAX 912-283-6019

General Information

Name- First Name		Initial	Last Name	
<input style="width: 90%;" type="text"/>		<input style="width: 10%;" type="text"/>	<input style="width: 90%;" type="text"/>	
Date of Birth (MM/DD/YYYY)		Sex	Current Scout Rank	
<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 40%;" type="text"/>	
Height	Weight	Physical Condition (Excellent, Good, Fair, Poor)		
<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 60%;" type="text"/>		
Address or PO Box		City	State	Zip
<input style="width: 90%;" type="text"/>		<input style="width: 20%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 10%;" type="text"/>
Day Time Phone		Evening Phone		
<input style="width: 10%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 10%;" type="text"/>
Email Address				
<input style="width: 100%;" type="text"/>				

High Adventure Trek Information

What Treks are you interested in? Philmont Sea Base Northern Tier Combination

How many times have you been

To a High Adventure Base? Philmont Sea Base Northern Tier Other

Skill & Experience Information

Are you an Eagle Scout? Yes No. What is your current Leadership Position? _____

What other Positions have you held? _____

Please list any BSA/other certifications & Merit Badges you have (i.e. BSA Life Guard, SCUBA, CPR, etc):

Agreement

If accepted, I/we agree to pay the required deposits and regular fees for the Trek(s). I agree to conduct myself in accordance to the Scout Oath and Law at all times and understand that I am a representative of the Okefenokee Area Council. I also understand that there are physical requirements that must be met and to the best of my knowledge, I have no physical conditions that would prevent me from participating in a high adventure trek. I also understand that there is a height and weight chart and that I must meet the standard of this chart as regulated by the National Office of the Boy Scouts of America.

Applicant Signature

Date

Parent/Guardian Signature

Date

Unit Leader's Evaluation of the Applicant:

	Scouting Record	Positive Attitude	Community Participation	Personal Appearance	Speaking Ability	Scouting Ideals	Scout Relates to others	Leadership Record	Camping Experience
Excellent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Good	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fair	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Poor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I recommend this Scout for participation in the Trek(s) as indicated above.

Unit Leader's Signature

Date

Applicant is (circle one) Approved / Not Approved for participation.

Trek Advisor's Signature

Date