

CLIMBING APPLICATION
Mt. Allamuchy Scout Reservation



PLEASE READ:

1. Telephone reservations will be honored for 10 days, within this time you must return application form and fee. Fax reservations must be accompanied by a credit card payment.
2. This application, camp use fee, and a **\$100 equipment rental fee (if renting PPC climbing equipment)** must be in the camp office by Tuesday, prior to weekend of arrival. Reservations are only official when this application is signed by a Patriots' Path Camping Dept. representative and all fees are paid. Please make checks payable to "Patriots' Path Council".
3. If renting PPC climbing equipment, all Council owned climbing equipment will be distributed by the Patriots' Path Council Climbing Director, Larry Borshard, for a \$100 equipment rental fee payable at pickup. A \$100 refundable deposit is also required at pick up and will be refunded providing equipment is returned in as good or better condition. Contact Larry directly to make these arrangements. Cell #: 973-945-0291, Email: misterLB@optonline.net
4. B.S.A. groups must have this approved form and your receipt when picking up equipment from the Climbing Director.
5. Upon arrival at Mt. Allamuchy, all groups must check in and out with the Campmaster. Latest check out is Sunday 2pm.
6. Each participating B.S.A. unit must have an approved local tour permit, roster and this approved form and receipt at check-in.
7. All participants must adhere to the climbing requirements listed in the eight points of Climb On Safely. **THERE ARE NO EXCEPTIONS.**
8. All participants must follow BSA STANDARDS of Leadership, Youth Protection and Scout Reservation Regulations

(Please print) Unit # _____ Council _____ District _____

Proposed climb date(s) _____ Climb Times _____ to _____ # Leaders/Climbers _____ / _____

Rent PPC Equipment @ \$100.00? Y ___ N ___ Kent Center _____ Other Areas _____

Payment by: Check _____ Credit Card _____ Exp ___ / ___ CVV _____

1. QUALIFIED SUPERVISION:** Minimum 21 Years of Age. Climb on Safely Trained: ___ / ___ / ___

NAME: _____ AGE: _____

MAILING ADDRESS: _____

TOWN/STATE/ZIP: _____

DAY PHONE: _____ HOME PHONE: _____ Mobile _____

Email _____ Alt Email _____

DATE OF CLIMB ON SAFELY TRAINING _____ (Valid for two years from date of training).

2. QUALIFIED INSTRUCTOR:** Minimum 21 Years of Age

NAME: _____ AGE: _____

DAY PHONE: _____ HOME PHONE: _____ Mobile _____

DATE OF B.S.A. CLIMBING INSTRUCTOR CERTIFICATION _____ (Valid for two years from date of training).

3. STANDARD FIRST AID AND CPR TRAINED RESPONDER:**

NAME: _____

DAY PHONE: _____ HOME PHONE: _____ Mobile _____

DATE OF CURRENT FIRST AID CERTIFICATION _____

DATE OF CURRENT CPR CERTIFICATION _____

Note: All three roles must be in attendance on unit climbing activities. The role of First Aid and CPR responder may be covered by the Qualified Supervisor or Qualified Instructor.

I have read and accept all requirements listed on this application and will assume responsibility for our group abiding by those requirements. No refunds unless camp is closed by PPC BSA or 2 weeks prior written notice, less 15%.

SIGNATURE OF LEADER IN CHARGE: _____ DATE: _____

APPROVED BY PPC CAMPING DEPT: _____ DATE: _____

****ATTACH A COPY OF YOUR VALID CERTIFICATION CARDS.**

Effective 06/01/10

Line#	Rev'd:	SU	DU	CC	UC
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