



# NATIONAL YOUTH LEADERSHIP TRAINING

## Registration/Approval Form

**(Scouts will not be allowed to stay at the conference if these signatures are not Present!)**

Here is my *registration* for the National Youth Leadership Training to be held at Gamehaven Scout Reservation, June 10<sup>th</sup>-16<sup>th</sup>, 2012. I understand that the course fee is \$170.00 and **the total amount is due by May 4, 2012. Course Fee's are not refundable!**

**Scoutmaster's Approval:** This Scout has my approval to attend the National Youth Leadership Training. This Scout is currently serving in a troop leadership position, or has the potential to hold a leadership position. **He is at least First Class Rank and 13 years of age by January 1st.** I affirm that this Scout has the maturity, and character to fully participate in the week-long program. Upon his return from the conference, I will be supportive of this Scout's efforts to better his home troop.

Scoutmaster Signature: \_\_\_\_\_ Troop: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Home Phone \_\_\_\_\_

Full Address (SM) \_\_\_\_\_

Scoutmaster Email: \_\_\_\_\_

I have been through Boy Scout Wood Badge Training. yes no If yes, what year? \_\_\_\_\_

SM New Leadership Training yes no If yes, what year? \_\_\_\_\_

**Each troop must provide an adult to attend for one day or more:**

**Which day works best for the leader?: S, M, T, W, TH, F**

### Participant Agreement:

On my honor as a Scout, I promise that I will faithfully live according to the Scout Oath and Law during the National Youth Leadership Training and thereafter. I will represent my troop with honor and do all I can to pass along my new knowledge and skills to my fellow Scouts. I understand that I must be a First Class Scout, 13 years of age, and be currently serving as, desire to serve, or capable of filling a leadership position.

**Participant Understanding Signature** \_\_\_\_\_

Be sure to enclose the Personal Resource Questionnaire with the Registration/Information and approval forms. Mail or bring the Personal Health and Medical Record form with you to camp.

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**Parent or Guardian Approval:** I approve the attendance of my son named above at the National Youth Leadership Training to be held at Gamehaven Scout Reservation, June 10-16, 2012. I understand I must complete the **BSA "Annual Health & Medical Records" – Parts A, B & C for my son to attend NYLT camp**, including the parent permission for treatment, prior to the start of the course. Additionally, in the event of illness or accident in the course of this activity, I request that measures be instituted without delay, as the judgment of medical personnel dictates. ***If a Scout is sent home because of behavior problems, there will be no refund of the course fee.***

Parent Signature \_\_\_\_\_ Home Phone \_\_\_\_\_

### Person to be contacted in emergency if parent or guardian cannot be reached:

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_

*I also give permission to use any pictures or video taken of my child during participation at camp for promotional purposes without using their full names (using only their first name) in accordance with BSA national policy.*

Parent Signature \_\_\_\_\_

**This Approval Form must be included with Registration.**