



NATIONAL YOUTH LEADERSHIP TRAINING

Gamehaven Scout Reservation

June 10th – 16th, 2012

NYLT Participant Registration/Information Form

NYLT is a strenuous weeklong camping experience. You will be sleep in tents, and prepare your own meals by patrol. You will be expected to live by the Scout Oath and Law. Failure to do so may result in removal from camp.

Please Print:

Scout Name _____ Troop number _____

Address _____ Telephone () _____ - _____

City _____ State _____ Zip _____ Birthday ____/____/____

District _____ Religious Preference _____

Current Rank _____ Leadership position in Scouting _____

Active E-Mail address _____

Parent's name _____

T-shirt Size (adult size) S M L X-L XX-L

Bring to camp the BSA "Annual Health & Medical Records" – Parts A, B & C; must have to attend camp.

Tell the NYLT staff a little bit about yourself (*Please fill out the questions below*).

How many years have you attended summer camp?

What is your camping experience?

Favorite place to go camping:

Are you a member of the Order of the Arrow?

Favorite pass-time activity:

Sports:

Music:

Personal Resource Questionnaire

IMMEDIATE MEDICAL INFORMATION (THIS SECTION CONFIDENTIAL)

Parents: Please Complete

For NYLT planning, camping and for emergency use, please provide the following immediate medical information:

A. Dietary Restrictions: please list. (This includes food allergies)

B. Daily Medications:

Medication Name	How often (dosage)	What is this medication for?

C. Other Medical Conditions that should be brought to the attention of the NYLT Staff (Mental and Physical):

Bring to camp the BSA "Annual Health & Medical Records" – Parts A, B & C.

Scout's Name: _____

Parent's Information:

Father's Name _____ Father's Work Phone () _____ - _____

Mother's Name _____ Mother's Work Phone () _____ - _____

Address (if different from above): _____

City _____ State _____ Zip _____

Home Phone (if different from above): _____

Emergency Contact _____

Emergency Phone Number: _____

Payment Please Note:

Registration and payment of \$170.00 must be included with application will secure your spot in the course.

Payment is due by May 4, 2012. Please mark all checks with participant's name, Please make checks payable to Gamehaven Council, BSA. Should a participant cancel for any reason, notify the Scout Office.

Return Registration Form and checks to:

Gamehaven Council, BSA
National Youth Leadership Training
1124 11-1/2 St. S.E.
Rochester, MN 55904

507-287-1410 or 800-524-3907
FAX: 507-287-1413
Hours: 7:00 a.m. - 6:00 p.m.
Monday - Friday
Closed Holidays

Office use Only

Date Registration Received in Office _____

\$170.00 balance paid _____ Date _____