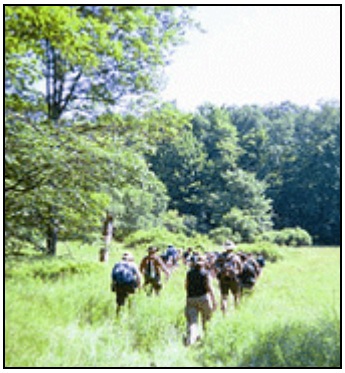
Regional National Advanced Youth Leadership Experience
Camp Tamarancho, Marin Council
July 10–14, 2012
(Tuesday-Saturday)



NAYLE will provide you with a wilderness encounter that motivates you to follow a life of servant leadership by helping others succeed based on the values of the Scout Oath and Law.

This camp is designed to provide you with a backcountry-based wilderness encounter that applies the skills learned at your council-level National Youth Leadership Training course. It will motivate you to follow a life of servant leadership by helping others succeed based on the values expressed in the Scout Oath and Law.

NAYLE will equip youth leaders to be better leaders, NYLT staff members, and/or superior camp staff. It will help guide a Scout's journey in leadership service to others with the ability to develop all members of whichever team they lead. It provides life skills for now and the future.

Course Activities include

- Advanced team-building skills
- Geocaching
- Wilderness first aid
- Search and rescue
- Conservation

Participant Requirements

- Be 14 years of age by the first day of your course, but not yet 21 years old from Boy Scout, Varsity, and Venturing units.
- Successful completion of National Youth Leader Training or The NYLT to NAYLE Bridge for Venturers (can be self study).
- Be in top physical condition and meet the Part C requirements of the BSA health form

Program Costs

The cost of the NAYLE program is $355.00. Scholarships may be available.

EARLY BIRD PRICE $295 by March 1, 2012

This fee covers meals, lodging, training materials, NAYLE journal, a NAYLE cap, and 2 NAYLE t-shirts. Deposit of $100 due with registration; payment in full due May 31, 2012.

NEW! Bring your adult leaders for a side-by-side experience with the Philmont Leadership Challenge!

FOR COURSE CONTENT AND INFORMATION:

Contact: leadershipBSA@gmail.com

ONLINE REGISTRATIONS ARE OPEN THROUGH JUNE 13, 2012 or until course is full

Go to www.boyscouts-marin.org click NAYLE link
or call the Marin Council Service Center at 415-454-1081

Camp Tamarancho, Fairfax, CA (1 hr north of San Francisco Intl. Airport)

Marin Council, BSA 225 West End Ave., San Rafael, CA 94901
(415) 454-1081 Fax (415) 454-5511

NAYLE (National Advanced Youth Leadership Experience)

July 10-14, 2012 PARTICIPANT REGISTRATION FORM

Name: _____ Nickname: _____

Mailing Address: _____

City/State/Zip: _____ Phone: _____

Email: _____ Secondary phone: _____

T-Shirt Size: S M L XL *(circle one)* Date of Birth: _____ Current unit leadership position: _____

Troop Crew *(circle one)* Unit Number: _____ Council: _____Unit Leader: _____

Unit leader contact information: _____

Attended NYLT or NYLT to NAYLE Bridge *(circle one)* Date of course: _____ Location of course: _____

Annual BSA Medical Form parts A, B, and C current within 12 months required (attached)

Application and Statement of Qualifications by Scout: On my honor as a Scout or Venturer, I promise that I will faithfully live according to the Scout Oath and Law or Venturing Oath and Code during NAYLE and thereafter. I will represent my unit with honor and take personal responsibility for my application, conduct at camp, and all pre-requisites requiring work prior to camp to be prepared in accordance with official requirements. I acknowledge that I will not have access to personal electronics or cell phones during camp and if I become homesick and disrupt the administration of the course by the staff, I will be discharged at the discretion of the course director and will not be eligible for a refund of NAYLE fees. I certify that I meet the minimum requirements for rank and age by July 1.

Signed: _____ Date: _____

Approval of Parent or Guardian: I approve the attendance of my Scout named above at the NAYLE Course and will see that he/she has the necessary equipment and uniforms to meet the requirements for the course. We acknowledge the home unit leader/advisor will be the primary point of contact for all issues regarding personal conduct and unit/council advancement policies. I acknowledge that Scouts who are homesick or behave in a manner that disrupts the administration of NAYLE by the staff will be discharged at the discretion of the course director and will not be eligible for a refund of NAYLE fees.

Signed: _____ Date: _____

NAYLE program fee: $355 _____ Early Bird fee: $295 by March 1, 2012 _____

Deposit: $100 with registration _____ Paid in full: May 31, 2012 _____

Checks payable to Marin Council, BSA or fill in credit card information: ___Master Card ___Visa _____3-digit security code

Card #: _____ Expiration date: _____

Name on card: _____ Signature: _____

I agree to pay for the total fee in accordance with my credit card agreement.

Marin Council, BSA 225 West End Ave., San Rafael, CA 94901 (415) 454-1081 fax (415) 454-5511

www.boyscouts-marin.org

Annual BSA Health and Medical Record
Part A
GENERAL INFORMATION

High-adventure base participants:
Expedition/crew No.: _____
or staff position: _____

Name _____ Date of birth _____ Age _____ Male ☐ Female ☐
Address _____ Grade completed (youth only) _____
City _____ State _____ Zip _____ Phone No. _____
Unit leader _____ Council name/No. _____ Unit No. _____
Social Security No. (optional; may be required by medical facilities for treatment) _____ Religious preference _____
Health/accident insurance company _____ Policy No. _____

ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD. IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."

In case of emergency, notify:
Name _____ Relationship _____
Address _____
Home phone _____ Business phone _____ Cell phone _____
Alternate contact _____ Alternate's phone _____

HEALTH HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma Last attack: _____	
		Diabetes Last HbA1c: _____	
		Hypertension (high blood pressure)	
		Heart disease (e.g., CHF, CAD, MI)	
		Stroke/TIA	
		Lung/respiratory disease	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Behavioral disorders (e.g., ADD, ADHD, Asperger syndrome, autism)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures Last seizure: _____	
		Sleep disorders (e.g., sleep apnea)	Use CPAP: Yes ☐ No ☐
		Abdominal/digestive problems	
		Surgery	
		Serious injury	
		Other	

Allergies or Reaction to:
Medication _____
Food, Plants, or Insect Bites _____
_____

Immunizations:
The following are recommended by the BSA. **Tetanus immunization is required and must have been received within the last 10 years.** If had disease, put "D" and the year. If immunized, check the box and the year received.

Yes	No	Date
☐	☐	**Tetanus** _____
☐	☐	Pertussis _____
☐	☐	Diphtheria _____
☐	☐	Measles _____
☐	☐	Mumps _____
☐	☐	Rubella _____
☐	☐	Polio _____
☐	☐	Chicken pox _____
☐	☐	Hepatitis A _____
☐	☐	Hepatitis B _____
☐	☐	Influenza _____
☐	☐	Other (i.e., HIB) _____

☐ Exemption to immunizations claimed (form required).

(For more information about immunizations, as well as the immunization exemption form, see Scouting Safely on Scouting.org.)

MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____
Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____

Administration of the above medications is approved by (if required by your state): _____/_____
Parent/guardian signature and/or MD/DO, NP, or PA signature

Be sure to bring medications in sufficient quantities and the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

Last name: _____ DOB: _____ Allergies: _____ Emer. contact No. _____

Informed Consent and Hold Harmless/Release Agreement

Part B

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

High adventure base participants:
Expedition/crew No.:_____
or staff position:_____

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Authorized activities of the program experience for the participant include, but are not limited to swimming, boating, COPE, rock climbing, rappelling, archery, and limited use of firearms. I hereby give express consent for a qualified range instructor to furnish BSA-approved archery and firearm equipment to the participant for the purpose of instruction in the safe handling and use of such equipment and related activities at designated ranges. I have carefully considered the risk involved and give consent for myself and/or my child to participate in these activities. I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

☐ Without restrictions ☐ With special considerations or restrictions (list)_____

_____

Talent Release Form

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

☐ Yes ☐ No

ADULTS AUTHORIZED TO TAKE YOUTH TO AND FROM EVENTS: *You must designate at least one adult. Include telephone number.*

1._____ Phone:_____

2._____ Phone:_____

3._____ Phone:_____

Adults NOT authorized to take youth to and from events:

1._____

2._____

3._____

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

If I am participating at Philmont, Philmont Training Center, Northern Tier, or Florida Sea Base: I have also read and understand the risk advisories explained in Part D, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider.

Participant's name _____

Participant's signature _____

First Parent/guardian's signature _____
(if participant is under the age of 18)

Date _____

Second Parent/guardian's signature _____
(if participant is under the age of 18)

Date _____

Note: Per CA Family Code Section 6910, if a Scout has two parents or legal guardians, the Marin Council requires the signatures of both. If there is only one parent or legal guardian, then one signature is sufficient.

High-adventure base participants:
Expedition/crew No.: _____
or staff position: _____

Part C

TO THE EXAMINING HEALTH-CARE PROVIDER (Certified and licensed physicians [MD, DO], nurse practitioners, and physician's assistants)

You are being asked to certify that this individual has no contraindication for participation in a Scouting experience. For individuals who will be attending a high-adventure program at one of the national high-adventure bases, please refer to Part D for additional information.

(Part D was made available to me. ❑ Yes ❑ No)

PHYSICAL EXAMINATION

Height (inches) _____ Weight (pounds)_____ Maximum weight for height _____ Meets height/weight limits ☐ Yes ☐ No
Blood pressure _____ Pulse _____ Percent body fat (optional)_____

If you exceed the maximum weight for height as explained on this page and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle–accessible roadway, you **will not** be allowed to participate. At the discretion of the medical advisors of the event and/or camp, participation of an individual exceeding the maximum weight for height may be allowed if the body fat percentage measured by the health-care provider is determined to be 20 percent or less for a female or 15 percent or less for a male. (Philmont requires a water-displacement test to be used for this determination.) Please call the event leader and/or camp if you have any questions. Enforcing the height/weight guidelines is strongly encouraged for all other events.

	Normal	Abnormal	Explain Any Abnormalities	Range of Mobility	Normal	Abnormal	Explain Any Abnormalities
Eyes				Knees (both)			
Ears				Ankles (both)			
Nose				Spine			
Throat							
Lungs							
Neurological				**Other**	**Yes**	**No**	
Heart				Contacts			
Abdomen				Dentures			
Genitalia				Braces			
Skin				Inguinal hernia			**Explain**
Emotional adjustment				Medical equipment (i.e., CPAP, oxygen)			
Tuberculosis (TB) skin test (if required by your state for BSA camp staff) ☐ Negative ☐ Positive							

Allergies (to what agent, type of reaction, treatment): _____

Restrictions (if none, so state) _____

EXAMINER'S CERTIFICATION

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant

- Meets height/weight requirements
- Does not have uncontrolled heart disease, asthma, or hypertension
- Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from their orthopedic surgeon or treating physician
- Has no uncontrolled psychiatric disorders
- Has had no seizures in the last year
- Does not have poorly controlled diabetes
- If less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures

Provider printed name _____

Address _____

City, state, zip _____

Office phone _____

Signature _____

Date _____

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
60	97-138	139-166	166
61	101-143	144-172	172
62	104-148	149-178	178
63	107-152	153-183	183
64	111-157	158-189	189
65	114-162	163-195	195
66	118-167	168-201	201
67	121-172	173-207	207
68	125-178	179-214	214
69	129-185	186-220	220
70	132-188	189-226	226
71	136-194	195-233	233
72	140-199	200-239	239
73	144-205	206-246	246
74	148-210	211-252	252
75	152-216	217-260	260
76	156-222	223-267	267
77	160-228	229-274	274
78	164-234	235-281	281
79 & over	170-240	241-295	295

This table is based on the revised Dietary Guidelines for Americans from the U.S. Dept. of Agriculture and the Dept. of Health & Human Services.

DO NOT WRITE IN THIS BOX

REVIEW FOR CAMP OR SPECIAL ACTIVITY
Reviewed by _____ Date _____
Further approval required ❑ Yes ❑ No Reason _____
By _____ Date _____

Part C Full name: _____ **DOB:** _____