

National Youth Leadership Training

PARTICIPANT APPLICATION

June 22-28, 2014



Mail to: Marin Council, BSA, 225 West End Ave., San Rafael, CA 94901
Fee: \$255.00 and BSA Medical Form Part A, B, C required.

Name: _____ My friends call me: _____
Address: _____ Telephone Number: () _____
City Zip Code: _____ e-mail: _____
Troop/Team/Crew: _____ Council: _____ Birth Date: / / Age: _____
Current Rank: _____ Current Unit Leadership Position: _____

On my honor as a Scout/Venturer, I promise that I will conduct myself according to the Scout Oath, Scout Law, Venturing Oath, and the Code of Conduct during NYLT and thereafter. I will set an example for others and do all I can to pass along my new knowledge and skills to my fellow Scouts.

Signed: _____ Date: _____

UNIT LEADER APPROVAL

As unit leader of Troop/Team/Crew _____, I recommend _____ attend NYLT. I understand that this youth leader will learn leadership skills and gain knowledge of vision development, team development, leadership styles, managing conflict and planning that will aid my unit. I will give this youth the opportunity to use these skills to better the leadership of the unit.

Signed: _____ Date: _____ Daytime phone: _____
Name (print): _____ Evening phone: _____

APPROVAL OF PARENT OR GUARDIAN

I approve the participation of my child named above as a participant in NYLT to be held at Camp Tamarancho from June 22 to June 28, 2014. My son/daughter and I have discussed the code for conduct and the behavior expectations during NYLT.

Signed: _____ Date: _____ Daytime phone: _____
Name (print): _____ Evening phone: _____
Emergency contact if I cannot be reached: _____ Phone: _____

MEDICAL AUTHORIZATION

[Link to BSA Medical Form](#)

Name of Minor: _____ Address: _____

I, the undersigned, do hereby authorize the Boy Scout/Venturing Crew adult leaders, or any such substitute as may be designated, as agent for the undersigned to consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above named minor, which is deemed advisable by and to be rendered under the general or special supervision of any physician or surgeon, licensed under the provisions of the Medical Practice Act or any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, Scout Camp, or elsewhere. To the extent that any cost is not covered by BSA Insurance, I agree to be responsible for such costs.

Primary Insurance Carrier: _____ Policy number: _____
Parent or guardian (signature): _____ Date: _____
Parent or guardian (print) _____ Home phone: _____

OFFICE USE ONLY

Fee paid: \$ _____ Date: _____ Receipt #: _____ Assigned to Patrol: _____

Personal Resource Questionnaire received: _____ Personal Health & Medical Form (Part A, B, C) received: _____

Notes: _____

NYLT

PERSONAL RESOURCE QUESTIONNAIRE

Name: _____ My friends call me: _____

City _____ Unit #: _____ Type: Troop / Team / Crew Council: _____

Age: _____ Birth Date: / / Years in Scouting _____ T-shirt size (adult): S M L XL

Current Rank: _____ Current Unit Leadership Position: _____

School and Grade (next fall): _____ Languages spoken: _____

List leadership positions held with your Unit/OA/School and when _____

List leadership training classes attended (indicate date and location of class):

☐ Den Chief: _____ ☐ Patrol Leader: _____

☐ Other (explain) _____

Indicate merit badges earned: ☐ First Aid ☐ Pioneering ☐ Orienteering ☐ Cooking ☐ Camping

Total number earned _____ (including those listed) ☐ Venturing Awards _____

Indicate camping/backpacking experience: ☐ 50 miler ☐ Philmont ☐ _____ nights camped in past year

☐ Attended a BSA summer camp last year ☐ _____

Explain why you are interested in participating in NYLT and what you expect to gain from it:

Indicate any restrictions for activities: _____

KNOWLEDGE OF OUTDOOR SKILLS

Knowledge of the following areas is helpful for this course:

Camping, Cooking, Map and Compass, Knots & Lashings

DIETARY RESTRICTIONS

***Please list any Dietary Restrictions: _____

NYLT

Code of Conduct

Statement of Understanding:

All NYLT course staff and participants are selected to represent their local councils based on their qualifications in character, camping skills, physical and personal fitness, and leadership qualities. Therefore, NYLT course staff, participants and their parents or guardians are asked to read this Code of Conduct and Statement of Understanding as a condition of participation. It is with the further understanding that serious misconduct or infraction of rules and regulations may result in expulsion from the NYLT course. Ultimately, we want each staff member and participant to be responsible for his or her own behavior, and only when necessary will the procedure be invoked to send a staff member or participant home from the NYLT course.

Code of Conduct:

1. All NYLT course adult leaders are responsible for the supervision of all course staff in respect to maintaining discipline, security, safety, and the NYLT course Code of Conduct.
2. I will conduct myself in accordance with the Scout Oath, Venturing Oath, and Scout Law throughout the NYLT course.
3. I will neatly wear the approved NYLT course uniform at all times during the course.
4. I will attend all scheduled programs and participate as directed by the NYLT course staff and participants.
5. I will be responsible for keeping my tent and personal gear labeled, clean and neat. I will conduct myself in accordance with Leave No Trace principals and do my share to prevent littering of Camp Tamarancho.
6. I understand that the purchase, possession, or consumption of alcoholic beverages or illegal drugs by any NYLT course staff and participants will not be tolerated. Any violation of this code will be grounds for expulsion.
7. Serious and/or repetitive behavior violations by youth, including use of tobacco, cheating, stealing, dishonesty, swearing, bullying, fighting, and cursing, will result in expulsion from the NYLT course.
8. I understand that gambling of any form and the use of fireworks is prohibited.
9. I understand that improper use of lasers may result in expulsion from the NYLT course.
10. I will demonstrate respect for NYLT course and Camp Tamarancho property and be personally responsible for any loss, breakage, or vandalism of such property as a result of my actions.
11. Neither NYLT course staff nor the Camp Tamarancho staff, will be responsible for loss, breakage, or theft of personal items. I will label all my personal items and leave items of value at home.
12. While participating in any NYLT course activities, I will obey all the safety rules and instructions of staff members.
13. In accordance with U.S., local and state laws, adult leaders and all youth are prohibited from having firearms and weapons in their possession.
14. Leaders will conduct themselves in accordance with the Scout Oath and Scout Law and will obey all U.S., local, and state laws.
15. All NYLT course staff (adults and youth) must receive Youth Protection training prior to course, and follow such guidelines at all times while on course.
16. Hazing, bullying or any action which fails to show respect for an individual, has no place in Scouting and are grounds for expulsion from the NYLT course.
17. Serious violations of this code may result in expulsion from the NYLT course. All decisions will be final.

I certify that I have read and agree to abide by the conditions in the Code of Conduct of the NYLT course.

Participant Signature

Parent/Guardian Signature