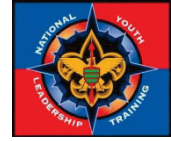


# National Youth Leadership Training PARTICIPANT APPLICATION



June 24–30, 2012

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 24 to June 30, 2012. 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 can not be reached: \_\_\_\_\_ Phone: \_\_\_\_\_

## MEDICAL AUTHORIZATION

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 or food: \_\_\_\_\_

### KNOWLEDGE OF OUTDOOR SKILLS

Place a check-mark opposite the skill in the column which best represents your ability. Do not over- or under-rate yourself as this information will be used to adjust the program to best suit your ability. For team and crew members, we understand that you may not have earned merit badges, but we would still like your self evaluation on the subjects:

Skill or Merit Badge Earned	Need Help	Have Knowledge	Have Taught
Map Reading			
Compass (Orienteering MB)			
Backpacking (Merit Badge)			
Camping (Merit Badge)			
Safe Swim Defense (Swimming MB)			
Knife & Ax use			
Fire Building			
Cooking (Merit Badge)			
Knots & lashing (Pioneering MB)			
Nature (Environmental Science MB, Nature MB)			
Star study (Astronomy MB)			

# NYLT

## Statement of Understanding and 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.
1. I will conduct myself in accordance with the Scout Oath, Venturing Oath, and Scout Law throughout the NYLT course.
2. I will neatly wear the approved NYLT course uniform at all times during the course.
3. I will attend all scheduled programs and participate as directed by the NYLT course staff and participants.
4. 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.
5. 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.
6. 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.
7. I understand that gambling of any form and the use of fireworks is prohibited.
8. I understand that improper use of lasers may result in expulsion from the NYLT course.
9. 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.
10. 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.
11. While participating in any NYLT course activities, I will obey all the safety rules and instructions of staff members.
12. In accordance with U.S., local and state laws, adult leaders and all youth are prohibited from having firearms and weapons in their possession.
13. Leaders will conduct themselves in accordance with the Scout Oath and Scout Law and will obey all U.S., local, and state laws.
14. 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.
15. 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.
16. Serious violations of this code may result in expulsion from the NYLT course. All decisions will be final.

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

---

Participant Signature