



National Youth Leadership Training Participant Application

Mail to: Palmetto Council BSA, 420 S. Church Street, Spartanburg, SC 29306
(attach a \$30.00 non-refundable deposit & BSA Class 1 & 2 medical forms)

Name _____ My friends call me: _____

Address _____ Phone # () _____

City _____ e-mail _____

Troop _____ Council _____ Birth date / / Age _____

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

Signed: _____ Date: _____ Shirt Size Adult S _ M _ L _ XL _

SCOUTMASTER'S APPROVAL

As Scoutmaster of Troop _____, I recommend _____ attend Palmetto Council and Indian Waters Council NYLT. I understand that this Scout leader will learn leadership skills and gain knowledge of vision development, team development, leadership styles, managing conflict and planning that will aid my troop. I will give this Scout the opportunity to use these skills to better the development of the troop.

Signed: _____ Date: _____ Daytime phone: () _____

Name (print): _____ Evening phone: () _____

APPROVAL OF PARENT OR GUARDIAN

I approve the participation of my son named above as a participant in Palmetto Council's NYLT to be held at Camp Barstow and Camp Bob Hardin on the weekends of 3/2-3/4 and 3/30-4/1. My son and I have discussed the code for conduct and the expectations that it implies.

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 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, 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 Resources Questionnaire received: _____ Personal Health & Medical Form Class 1 & 2 received _____

Notes: _____