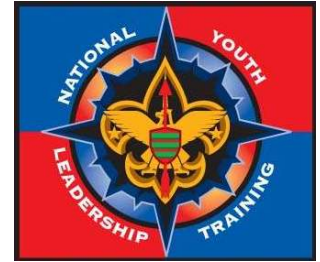


Participant Application
2010 National Youth Leadership Training
May 30, 2010-June 4, 2010 at Scoutland
P.O. Box 399
Jefferson, GA 30549



Clearly Print the Following Information

SCOUT INFORMATION

Scout's First Name: _____ Middle Initial: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ E-mail address: _____ Date of Birth: _____
Troop/Crew #: _____ Current Leadership Position: _____ Rank: _____
of Scout Summer Camps Attended: _____ Nick-Name, if any: _____
Adult T-shirt size (check): XXL _____ XL _____ L _____ M _____ S _____
Do you have any Physical, Medical or Dietary Limitations or Restrictions not covered on the BSA Annual Health and Medical Record? No ___ Yes ___ If YES, please describe on the back of this page.

CERTIFICATION & APPROVAL TO BE COMPLETED BY YOUR SCOUTMASTER/CREW ADVISOR

Leader Name: _____ E-mail: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip _____
Troop/Crew #: _____ District: _____ Council: _____

"I recommend the acceptance of this Scout as a representative of our Troop/Crew in the NYLT course. I certify that he meets the age and rank requirements. I further certify that he has attended a Troop or Crew youth leader orientation or training, and is serving as, has served as, or has the potential to be Senior Patrol Leader of his Troop or President of the Crew. I will do all that I can to help him accomplish his personal leadership goals and to apply his new leadership skills in his Troop or Crew."

Signature of Scoutmaster/Lead Crew Advisor

Date

PARENTAL/GUARDIAN AUTHORIZATION

My son (print name) _____ has my permission to participate in the Northeast Georgia Council National Youth Leadership Training. I have read, understand, and agree to the program requirements. I understand that my son will be expected to follow the Scout Oath and Law during this program, to participate in the entire program, and to follow program rules, and that serious violations will result in dismissal from the program. I understand that my son must have a current and complete BSA Annual Health and Medical Record (Parts A, B and C) to participate. My son will need the following accommodations for Medical, Physical, Dietary or Religious reasons:

Parent's Printed Name: _____ Signature: _____ Date: _____
Daytime Telephone #: _____ Night-time Telephone #: _____
Any other special requests: _____

2010 National Youth Leadership Training
Northeast Georgia Council, Boy Scouts of America
P.O. Box 399
Jefferson, GA 30549

Clearly Print the Following Information

Scout's Name: _____ Unit No. _____

Applicant's Statement: In the following space tell why you have decided to apply to the National Youth Leadership Training course and what you expect to gain from the course.

Special Note 1: National Youth Leadership Training is not a week of summer camp; it is not free time; it is not an opportunity to earn merit badges; and it is definitely not a vacation! It will challenge and reward you—but you must Be Prepared to be successful!

Special Note 2: A current and complete BSA Annual Health and Medical Record, Parts A, B and C (http://www.scouting.org/filestore/pdf/34605_Letter.pdf), valid thru the end of the course, must be provided for each participant at check-in.

Special Note 3: Scouts will have limited access to communication, except in event of emergency. Scouts should not bring cell phones or other electronics. Additional packing lists will be provided to accepted participants.

On my honor as a Scout, I promise that I will faithfully live according to the Scout Oath and Scout Law during the National Youth Leadership Training and thereafter. I will represent my Troop or Crew with honor and do all that I can to pass on my knowledge and skills to my fellow Scouts. I am or will be by the beginning of the course at least 13 years old and at least First Class in rank, and have successfully completed two weeklong summer camps. I understand that I must attend ALL course sessions. I understand and agree to the above and request consideration for selection as an NYLT participant in the 2010 Northeast Georgia Council NYLT program, May 30-June 4, 2010.

Scout applicant signature: _____ Date: _____