



**Participant Application**  
**2012 National Youth Leadership Training**  
**May 27-June 1 (co-ed) OR June 4-9, 2012**  
**At Scoutland (Gainesville, GA)**

Send with \$220 fee (\$250 if not part of NEGA Council)  
 payable to NYLT, P.O. Box 399, Jefferson, GA 30549

**Clearly Print the Following Information:**

*(use the form-fillable .pdf version if possible; online at <http://nega-bsa.org/nylt.htm>)*

**PARTICIPANT INFORMATION**

Scout's First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_  
 Name Scout Wants to be Called: \_\_\_\_\_ Date of Birth: (must be 13 by course) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
 Troop # \_\_\_\_\_ or Crew # \_\_\_\_\_ District: \_\_\_\_\_ Council: \_\_\_\_\_  
 Current Leadership Position: \_\_\_\_\_ Gender: Male / Female (additional fee applies to out-of-council participants)  
 Current Rank: \_\_\_\_\_ Adult T-shirt size: \_XXL \_XL \_L \_M \_S  
 Preferred Week: \_\_5/27-6/1/12 (co-ed); \_\_6/4-6/9/12 (male only); \_\_Either OK  
 Any Physical, Medical or Dietary Limitations or Restrictions? No\_\_ Yes\_\_ If YES, please describe or attach details: \_\_\_\_\_

**CERTIFICATION & APPROVAL TO BE SIGNED OFF ON 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 unit in the NYLT course. I certify that they meet the age and rank requirements. I further certify that they are serving as, have served as, or have the potential to be our Troop SPL/Crew President. I will do all that I can to help them accomplish their personal leadership goals and to apply leadership skills in our unit."

\_\_\_\_\_  
 Signature of Scoutmaster/Crew Advisor \_\_\_\_\_  
 Date  
 \_\_Please contact me to discuss this Scout in more detail.

**PARENTAL/GUARDIAN AUTHORIZATION**

My child (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 child 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 child must provide a current and complete BSA Annual Health and Medical Record (Parts A, B and C) to participate.  
*My child will need the following accommodations for Medical, Physical, Dietary or Religious reasons:*

\_\_\_\_\_  
 Parent's Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Daytime Telephone #: \_\_\_\_\_ Night-time Telephone #: \_\_\_\_\_  
 Parent Email Address: \_\_\_\_\_  
 Any other special requests: \_\_\_\_\_

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Applicant's Name: \_\_\_\_\_ Troop/Crew #: \_\_\_\_\_

**Applicant's Statement: Help Us Get to Know You Better**

What leadership roles you have held so far in your Troop or Crew?

What other hobbies, interests, or skills do you have?

How did you find out about NYLT?

Why do you want to attend NYLT and what do you hope to learn from the course?

**Special Notes—see <http://nega-bsa.org/nylt.htm> for more on NYLT:**

- 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!
- A current and complete copy (keep your original) BSA Annual Health and Medical Record, Parts A, B and C ([http://www.scouting.org/filestore/pdf/34605\\_Letter.pdf](http://www.scouting.org/filestore/pdf/34605_Letter.pdf)), valid thru the end of the course, must be provided for each participant. If possible, include the medical form when you send this application in to the Council.
- 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.
- Two weeks are offered for 2012: Sunday May 27-Friday June 1 (female Venturers & male Scouts & Venturers); and Monday June 4-Saturday June 9 (male Scouts/Venturers only).

*On my honor as a Scout, I promise that I will faithfully live according to the Scout Oath, Scout Law and Venturing Oath during the National Youth Leadership Training and thereafter. I will represent my Troop/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 (if a Boy Scout, or have equivalent skills if a Venturer). I understand that I must attend the entire course. I understand and agree to the above and ask to be selected as a participant in the Northeast Georgia Council NYLT program.*

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Complete pg. 1 & 2, send in with \$220 payment (if registered in Northeast Georgia Council; otherwise \$250 if registered in another Council) and medical form, to:  
NYLT, Northeast Georgia Council, Boy Scouts of America - P.O. Box 399 - Jefferson, GA 30549  
Paying by: \_\_\_check (enclosed) \_\_\_credit card: name on card \_\_\_\_\_  
# \_\_\_\_\_ type \_\_\_\_\_ exp. MM/YY \_\_\_\_\_ sec. code \_\_\_\_\_ Signature \_\_\_\_\_