

National Youth Leadership Training Participant Application Instructions

Course Dates: June 25 (Monday) - June 30 (Saturday), 2018

Schoepe Scout Reservation at Lost Valley

Participants must attend a mandatory meeting (Downhill, This is where course begins!)

on June 9, 2018.

Participants MUST meet the following requirements:

- Attend the Downhill meeting
- Be present the entire week of course
- and

Boy Scouts:	Venture and Sea Scouts:
Be 14 years old by the start of course, or 13 years old <u>ONLY</u> with Course Director's approval (face-to-face meeting required).	Be 14 years old by start of course
Be First Class or above by June 1	Have Unit Leader approval and signature on application
Complete a week-long scout summer camp	YPT and Venturing YPT if over 18 years old before start of course. Certificate must be turned in with application.
Have Scoutmaster approval and signature on the application	

Application Process:

1. Complete all forms on the NYLT website for NYLT 2018. The forms are fill-in ready. No spots will be held for incomplete paperwork. Wait list priority is based on a first come first received completed paperwork.
 - a. Acceptance criteria:
 - i. Application is complete and signed
 - ii. A current passport or school photo is attached to the application
 - iii. Above requirements met and verified by NYLT Registrar
 - iv. Code of Conduct is signed by the Scout and parent (unless the Scout is over 18).
 - v. Medical form A and B submitted with application, and Medical form C is due prior to June 1.
 1. Copy of both sides of your health insurance card
 2. Additional medication permission form, if your child takes prescription medication.
 - vi. Please mail ALL completed paperwork to: 5556 East Vista Del Amigo, Anaheim, CA 92807
2. Pay the **\$250** course fee for the course through Camp-Master after receiving the approval email from the NYLT Course Registrar.
 - a. If you are applying for a scholarship or troop payment, please contact the registrar @ OCBSANYLTJen@gmail.com to discuss.
 - b. Proof of payment must be emailed to NYLT registrar.
 - c. A \$50 non-refundable administrative fee will be charged for all cancellations before June 1. No refunds will be issued for cancellations on or after June 1.
 - d. PAYMENT prior to submitting completed forms does not guarantee your spot.
3. Once the above steps are done and approved, you will receive a Welcome Letter with additional information.

If participant is absent, without prior approval from Course Director, from the mandatory Downhill Meeting on June 9, 2018; their application will be withdrawn, and no refund will be issued. Applicants whose medical form C is not submitted by June 1, will be endangered of losing their spot and placed on the waitlist.

Attach a Wallet size

Current school or

passport photo

Here

Orange County Council – Boys Scouts of America National Youth Leadership Training – Participant Application

Course Dates: June 25 (Mon) - June 30 (Sat), 2018

Course Location: Schoepe Scout Reservation at Lost Valley

For more detailed information, please go online to <http://nylt.ocbsa.org>

Or contact the Course Director Arnold Kim, NYLT2018ocbsa@gmail.com, 949-413-3547

Staff Advisor: Holly Krumsick, HollyK@ocbsa.org, 714-546-4990 x116

National Youth Leadership Training Participant Application

Participant Information:

Last: _____ First: _____ MI: _____ BSA Membership ID# _____

Preferred Name: _____ (for name badges) Gender: ☐ Male ☐ Female

Boy Scouts:

Rank: _____
(Must be 1st Class before June 1st)

Date of Birth: _____
(Must be 13 before June 1st - if 13 years old you must have
Course Director Approval)

Attended and completed a Week-long Summer Camp? Where: _____

Venturing/Sea Scouts:

Date of Birth: _____
(Must be 14 by June 1st)

Venturing YPT Date of completion: _____
(If 18 before June 1) Need copy of Certificate w/application

How did you hear about Orange County Council NYLT? _____

Parent Information:

Parent 1 / Guardian's Name: _____ Email: _____

Home Phone # _____ Cell # _____ Work # _____

Address: _____ City: _____ State: _____ Zip: _____

Parent 2 Name: _____ Email: _____

Home Phone # _____ Cell # _____ Work # _____

Address: _____ City: _____ State: _____ Zip: _____

Unit Leader:

Recommendation is required for participant to attend NYLT. Please fill in ALL the information below:

Present Unit Position: _____ Unit Type: ☐ Troop, ☐ Crew, ☐ Ship Unit #: _____

District: _____ Council: _____

Unit Leader Phone #: _____ Email: _____

By Signing this, you are confirming that this participant meets the requirements to attend NYLT (e.g. First Class, 13 years old)

Unit Leader Name: _____ Signature: _____

CODE OF CONDUCT

All Youth and Adult participants of National Youth Leadership Training (NYLT) are representatives of the community, family, and local Scouting Council. Therefore, all Scouts and their parents are asked to sign this Code of Conduct as a condition for participating with further understanding, that serious misconduct or infraction of behavior rules may result in expulsion from the NYLT course. We want each Scout to be responsible for their own behavior, and only when necessary will the procedure be invoked to send a Scout home from the NYLT course. ALL SCOUTS ARE EXPECTED TO LIVE BY THE BOY SCOUT OATH AND LAW AT ALL TIMES AND TO USE THESE IDEALS AS GUIDES FOR THEIR BEHAVIOR.

I promise on my honor as a Scout that:

- I will not participate in the events or possession or use of tobacco, alcohol, cheating, gambling, dishonesty, swearing, fighting, cursing, use of/discussion of profanity, hazing, bullying, sexual misconduct and/or willful disobedient to Youth or Adult Staff.
- I understand that if I participate in any of the listed negative behaviors the zero tolerance policy will be in act and I will be sent off of course.
- Possession of any of the following are deemed prohibited for participants at NYLT and will not be brought to camp: Any type of laser device, pyrotechnic device (fireworks), personal firearm or ammunition, alcohol or tobacco products, controlled substances of any kind, inappropriate literature, personal cell phones, electronic gaming devices, personal music or movie players (iPod, MP3 players, CD, DVD players, etc.).
- I will respect the Course equipment, public property and will be personally responsible for cleanliness and any loss, breakage, or vandalism of property.
- A Scout always respects the rights and property of others. Remember to keep your hands to yourself. The tongue is a vicious weapon, please think before you speak. Remember the Golden Rule - "Do Unto Others as You Would Have Them Do Unto You".

I PROMISE ON MY HONOR AS A SCOUT THAT I WILL DO MY BEST TO LIVE UP TO THE SCOUT OATH AND LAW AND AGREE TO FOLLOW THIS CODE OF CONDUCT.

SCOUT SIGNATURE / PRINT NAME / DATE

PARENT | GUARDIAN SIGNATURE / PRINT NAME / DATE

PARENT / GUARDIAN
PERMISSION TO ADMINISTER PRESCRIPTION MEDICATION (If Needed)

Scout Name: _____	NYLT Patrol: (Determined by NYLT Staff)
Date of Birth: _____	

I _____, the parent/guardian of _____ request that medication be administered to my son/daughter in accordance with the written prescription information on the medication container. All medications must be in the original container.

Diagnosis / Reason for Medication:

Route (Oral, Topical, Etc.):

Possible Reactions: (please attach additional page if necessary)

Instructions for Emergency Care: (please attach additional page if necessary)

Parent Signature: _____ Date: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

PERMISSION TO CARRY MEDICATION (If Needed)

Inhaler/Medication:

My son/daughter has been instructed in the proper use of their inhaler/medication. Their wellbeing is in jeopardy unless the inhaler/medication is carried on his/her person; therefore, I request that he/she be permitted to carry the inhaler/medication.

I permit my son/daughter to carry the above listed inhaler/medication in the original container, as ordered by his/her physician. I understand that sharing medication with other Scouts will result in disciplinary action. I also understand that NYLT Staff are unable to monitor the frequency or method of usage of inhaler/medication when it is being carried by a Scout. The scout will notify the NYLT medic immediately if and/or when medication was used.

Parent Signature: _____ Date: _____