

Iroquois Trail Council National Youth Leader Training (NYLT) Individual Registration Form 2015

Scout's last name

Unit

The Official BSA Health and Medical Form must accompany this form with all sections completed (including Signature of physician).

Personal Information:

Scouts name: _____ Age as of 8/01/2015 _____ Male or Female: _____ Rank _____

Mailing address: _____ Phone #: (____) _____

City/State/Zip _____ Shirt Size: Adult S M L XL (Please circle size)

E-Mail _____ Unit Leadership Position _____ 2- Shirts 1-Hat provided # of extra shirt _____
Approximant cost Shirt \$8.00 Hat \$ 10.00 # Of extra hat _____

Leaders Certification:

I hereby certify that this applicant will be at least 13 years old and a First Class Scout or registered Crew member by the first day of the NYLT Conference week. The applicant holds or plans to soon hold a leadership position in his/her Unit.

Unit Leaders name _____

Home Phone # (____) _____

Mailing address _____

Work Phone # (____) _____

City/State/Zip _____

E-mail _____

Unit Leaders Signature (required) _____

Parent/Guardian authorization statement:

The attached official BSA medical form is correct to the best of my knowledge. The person herein described has permission to engage in all prescribed camp activities except as noted by the family physician or me.

- In case of emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give permission to the physician selected by the Camp Director to order any necessary procedure and to secure proper treatment for the health of the participant as named on this form.
- I hereby give permission to the Camp Health Director to give current prescribed medications and or over the counter medications as approved by the family physician and noted on the reverse side on the "Individual Medical Order".
- I give permission to the Iroquois Trail Council to photograph the above individual during activities and use such photographs as they relate to Scouting.
- I also agree that an electronically copied signature on this form is as acceptable as the original signature.
- I give permission to the Iroquois Trail Council to experience an activity off of ITC Property as part of the conference curriculum.

Parent/Guardian Signature: _____ Date: _____

Place current photo here:

Please use picture the size of larger box covering address below

Photo must be clear and in color and only the size of this box.

Mail Completed Form with a NON Re-fundable \$100.00 deposit by May 1st to:

Iroquois Trail Council, BSA - NYLT
45 Liberty St. Suite 2
Batavia Ny. 14020

Balance of \$295 is to be paid by July 1st, 2015 to avoid a \$15 Late Fee and Relinquishing their previously guaranteed spot to a waiting list candidate.