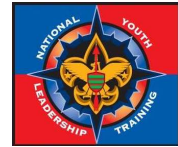




Monmouth Council, BSA NATIONAL YOUTH LEADERSHIP TRAINING CONFERENCE 2017



COURSE: Sunday June 25, 10:00am – Saturday July 01, 12:00pm 2017, Quail Hill Scout Reservation
Kickoff Meeting: Wednesday March 01, 2017, 7:30pm –9:00pm MCBSA Service Center, Morganville.
Course Meeting parents, leaders and participants: Thursday May 25 2017, 7:00pm – 9:00pm, Lawrence Lodge, Quail Hill SR

REGISTRATION DEADLINES: May 15, 2017 - FINAL: No forms accepted after June 15, 2017

Youth's Name _____ M F
 Address: _____
Street Town State Zip

Home phone: _____ Scout's eMail: _____
 Parent Cell phone: _____ Parent's eMail: _____
 School Attended _____ Grade _____ Birth Date: _____ Age: _____
Name of School attended last year mm/dd/yyyy

Council/District: _____ / _____ Troop Crew: _____
Unit #

Yrs in Scouts _____ Rank _____ Position: _____ Awards: _____
1st Class, Star, Life, Eagle Current leadership position

I attended Patrol Leadership Skills on: (date) _____ Awards _____
mm/dd/yyyy

I attended Introduction to Leadership Skills for Troops (ILST) in my Troop on-----
mm/dd/yyyy

I attended Introduction to Leadership Skills for Crews (ILSC) in my Crew on-----
mm/dd/yyyy

OA member? Yes No | OA honor? _____ Days & Nights of Camping: _____

Adult T-Shirt Size: S M L XL XXL you will receive 2 shirts with your paid registration.

APPLICANT'S STATEMENT: In the space below tell why you want to participate in the National Youth Leader Training Conference and what you expect to gain from the course.

1. *Youth's Signature: _____ Date: _____

I understand photographs of course participants will be taken for use in promotional materials including web sites and brochures. Photographs will NOT be identified with a person's name. My signature grant's permission to use my (my child's) image.

2. *Parent's Signature: _____ Date: _____

SPECIAL CONSIDERATIONS: Place note any special religious or dietary restrictions

* Mail or Deliver **completed forms with all signatures** and the **course fee** to: *
Monmouth Council BSA, 705 Ginesi Drive Morganville, NJ 07751
FEE: \$265 per youth attending. After May 15 deadline: \$315.
*** ALL SIGNATURES ARE REQUIRED**



NYLT Registration Form

APPLICANT'S KNOWLEDGE OF OUTDOOR SKILLS: Represent your outdoor skills experience by entering a **1** for no experience, **2** for skilled (use on most camping trips) and **3** if you have taught the skill. Do not overrate or underrate yourself. Please be as honest as possible.

Map Reading <input type="checkbox"/>	Compass <input type="checkbox"/>	GPS <input type="checkbox"/>	Hiking <input type="checkbox"/>
Camping <input type="checkbox"/>	Safe Swim Defense <input type="checkbox"/>	Woods Tools <input type="checkbox"/>	Fire Building <input type="checkbox"/>
Cooking <input type="checkbox"/>	Pioneering <input type="checkbox"/>	Nature <input type="checkbox"/>	Knots & Lashing <input type="checkbox"/>
Hazardous Weather <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Environmental Sci <input type="checkbox"/>

Scoutmasters & Advisors: Your Personal recommendation is the most important criteria for registration! By signing this form you are recommending this Scout or Venturer has the maturity and readiness to undertake this course.

All youth must be registered and **13 y/o by 12/31/2016**. Scouts must be at least First Class and have at least one **long-term (week long) camp** experience and attended at least 1 **Introduction to Leadership Skill for Troops**. Venturers must have completed either the crew officer training or Venturing Leadership Skills Course and attended **Introduction to Leadership Skills for Crews**. (Camping experience is recommended).

What do you hope this Youth will gain from attending the National Youth Leadership Training Conference?

Scoutmaster/Advisor's Name: print _____

Address: _____
Street *Town* *Zip*

Telephone: _____ eMail: _____

I have reviewed this youth's application and certify that the information is complete and accurate. I recommend this youth for participation in NYLT and understand that no requirements will be waived.

3. *Scoutmaster/Advisor Signature: _____ **Date:** _____

REGISTRATION REQUIREMENTS:

1. Completed **Application** (this form) with no blanks and **ALL SIGNATURES**
2. Current **Annual Health and Medical Record** (680-001_ABC) all 3 parts completed and signed by a physician with the last 12 months.
3. **NYLT Code of Conduct**, signed by both the youth participant and the parent or guardian.
4. **BSA Activity Consent Form and Approval by Parent or Legal Guardian** (19-673)
5. Medication Forms if required.
6. Payment in Full

Forms **MUST** be submitted in hardcopy to the Monmouth Council Service Center before June 15. Photocopies are acceptable. **DO NOT** email or fax the forms. Only complete registrations secure slots in the course. Forms are available at the NYLT Web Site: <http://www.mcbsa-nylt.org/>

✉
Mail or Deliver completed forms with all signatures, and the course fee to:
✉*

Monmouth Council BSA, 705 Ginesi Drive Morganville, NJ 07751

FEE: \$265 per youth attending. After May 15 deadline: \$315.

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