



## 2017 PARTICIPANT APPLICATION

### IMPORTANT PARTICIPANT INFORMATION

- ✓ Boy Scouts: Be at least **13** years of age, but not yet 18 and be at least First Class rank prior to the course start date.
- ✓ Venturers: Be no older than 20 on the course start date.
- ✓ Provide a current and complete Annual Health and Medical Record, Parts A, B & C
- ✓ Attend the **Orientation Meeting** (Date & Place to be announced)
- ✓ The **National Youth Leadership Training** is Monday, June 12 to Saturday, June 19, 2017 at Rancho Alegre.

### COURSE FEE IS \$250

- ✓ A \$50 non-refundable deposit must accompany the participant application.
- ✓ A \$25 **"Early Bird"** discount can be earned when all documents and fees are received by April 30, 2017.

### PERSONAL DATA (PARTICIPANT)

Unit	Troop Team or Crew # (circle one) #	District		Council if other than Los Padres
Name	First	Initial	Last	Nickname
Address	Street	City		Zip
Contact Info	Home	Cell	E-mail address	
Age	Current Age	Date of Birth		Scouting Rank
Dietary Notes				
Medical Notes				
Scouting Skills	First Aid = Campfire Leading = Cooking =	Geocaching = GPS/Map & Compass Skills =		Pioneering = Knots/Lashings =
	<i>Scouting Skills Ranking: E = Excellent • VG = Very Good • G = Good • F = Fair • P = Poor</i>			
Circle Size	Shirt: S M L XL XXL (Adult sizes)			

On my honor as a Scout, I certify that the information in this application is correct and agree to meet all requirements and expectations as a participant in NYLT to the best of my ability.

**✗ Scout's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Approval:** I approve my son's application to attend the National Youth Leadership Training. I have reviewed this application and find it correct. I have read the attached Parental Informed Consent and Hold Harmless/Release Agreement and the Talent Release Form. I understand and agree to the terms and conditions set forth therein.

**✗ Signature of Father** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**✗ Signature of Mother** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Family e-mail: \_\_\_\_\_

**Scoutmaster's Approval:** I approve the applicant's participation in the National Youth Leadership Training (NYLT). Further, I will do my best to ensure he receives the Troop Leadership Training prior to attending NYLT and to support the application and development of the leadership concepts taught in NYLT within our troop and. I will also attend the course graduation.

**✗ Signature of Scoutmaster:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Scoutmaster e-mail: \_\_\_\_\_

**Send your completed application and payment made out to BSA to:**

NYLT 2017, c/o Rancho Alegre, 2680 Highway 154, Santa Barbara, CA 93105.

For additional information, contact: Joe Ririe at (805) 801-4625, or e-mail: joer.nylt@gmail.com



**Parental Informed Consent and Hold Harmless/Release Agreement**

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the Los Padres Council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

I approve sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose to the adult leader in charge examination findings, test results and treatment provided for purposes of medical evaluation of the participant, follow-up communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

☐ Without restrictions

☐ With special considerations or restrictions (list)

**TALENT RELEASE FORM**

I hereby assign and grant to the Los Padres Council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child by the Boy Scouts of America from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs, film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

☐ Yes      ☐ No

**I understand that if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.**

Participants Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send your completed application and payment made out to BSA to:**

NYLT 2017, c/o Rancho Alegre, 2680 Highway 154, Santa Barbara, CA 93105.

For additional information, contact: Joe Ririe at (805) 801-4625, or e-mail: joer.nylt@gmail.com



## PARTICIPANT EQUIPMENT LIST

KEEP THIS PAGE FOR REFERENCE.

### REQUIRED TO HAVE PROVIDED BY ORIENTATION MEETING

- ✓ Provide a current and complete Annual Health and Medical Record
- ✓ Copy of front and back of insurance card
- ✓ Signed informed parental consent hold-harmless and talent release form  
(included with this application)
- ✓ Information on any medications being taken and food allergies

### EXPECTED EQUIPMENT

- Camping Essentials:  
Water bottles (2), sun protection, pocketknife, first aid kit, extra clothing, rain gear, flashlight, matches and fire starters, and map and compass.
- Complete Field Uniform Required (aka class-A)  
Scout shirt, Scout pants/shorts, belt, and Scout socks. 2 complete uniforms are recommended but not required.
- Tent, sleeping bag & pad
- A backpack is required for the outpost camp on Friday night.
- Underwear, Socks
- 3-4 shorts or pants (*It will be hot in the summer so choose wisely*)
- Swim Suit
- 3-4 Scouting related shirts
- Long sleeve jacket or sweatshirt
- Toilet kit containing soap in container, comb, toothbrush, washcloth, and toothpaste, other necessary hygiene products.
- Boy Scout/Venturing Handbook
- Pens or pencils
- Sewing kit containing needles, thread, safety pins, buttons
- Mess kit: cup, plate, bowl & eating utensils

### OPTIONAL EQUIPMENT

- Senior Patrol Leader Handbook
- Patrol Leader Handbook
- Pillow
- Pajamas
- Camera
- Reading material
- Musical Instrument
- Bible or prayer book
- Laundry soap for hand washing clothes.

### ***DO NOT BRING***

- ✓ ***Cell Phones***
- ✓ ***Video games***
- ✓ ***CD/DVD players***
- ✓ ***Fireworks***
- ✓ ***Firearms***
- ✓ ***Pets***
- ✓ ***Other inappropriate materials***

**Send your completed application and payment made out to BSA to:**

NYLT 2017, c/o Rancho Alegre, 2680 Highway 154, Santa Barbara, CA 93105.

For additional information, contact: Joe Ririe at (805) 801-4625, or e-mail: joer.nylt@gmail.com