National Youth Leadership Training
Mount Baker Council BSA

Mount Baker Council - Boy Scouts of America
1715 100th PL S.E.
Everett, WA 98208
(425) 338-0380

2012 National Youth Leadership Training Conference Registration

Here is my registration for the National Youth Leader Training Conference to be held at Camp Black Mountain. I would prefer to attend this course:

_____ June 24 – June 29, 2012 _____ August 13 - 19, 2012

Name _____ My friends call me _____
Name on your certificate of completion — First name on your name tag

Address _____ Birth Date _____

City _____ State _____ Zip _____

Phone (_____) _____ Email _____
This will be our primary means of communication, if listed.

Troop/Team/Crew:_____ District _____ Current rank _____
Circle Which

School _____ Grade _____ Languages spoken _____

Years in Scouting _____ Unit leadership position _____Adult T-shirt size _____

List other leadership positions held and how long they were held _____

_____

Scouting awards held _____

State a fair evaluation of your physical condition _____

_____

How much camping experience have you had? _____

_____

What training courses have you taken in Scouting? When? _____

_____

State why you decided to participate in this experience and what you expect to gain from it

_____

_____

Note: This form (completed on both sides) must be accompanied by a $100 deposit that is transferable to another qualified Scout in your unit but not refundable within 60 days of course. The course fee is $215; within 30 days of course $250. A discounted fee of $180 is available if this form, full payment, and medical form are received 90 days before course. Final payment and your completed, signed and dated Personal Health and Medical Record, #34605 must be at the Council Service Center in Everett 30 days before course. We will also accept National Jamboree and Philmont medical forms with current signatures. **You may forfeit your chance to attend NYLT if these materials are late.** If you submit this application within 30 days of course, include full $250 payment and medical form with the application.

Name _____

On my honor as a Scout, I promise that I will faithfully live according to the Scout Oath and Scout Law during the National Youth Leadership Training Conference. I will represent my unit with honor and do all I can to pass along my new knowledge and skills to my fellow Scouts. I certify I am at least a First Class Scout, 13 years old, and a troop leader (senior patrol leader, assistant senior patrol leader, team captain or capable of filling these positions) or if a Venturing Scout, at least 14 years and commit to learning the leadership skills taught at National Youth Leadership Training.

Signature _____ Date _____

Scoutmaster/Team Coach/Crew Advisor Approval

Scoutmaster/Coach/Advisor Signature _____ Date _____

Name (Printed) _____ Phone (_____)_____

Address _____ City _____ Zip _____

Email _____ Other Phone (___)_____
This will be our primary means of communication, if listed.

Parent/Guardian Approval

I approve the attendance of my son/daughter, named above, at the 6 day National Youth Leadership Training Conference to be held at Camp Black Mountain. I have reviewed, signed and dated (signature less than 1 year old by course) the Personal Health and Medical Record Form, #34605, as approriate. I hereby give permission to Mount Baker Council, Boy Scouts of America to use photographs of my son for the promotion of training programs. I authorize the distribution to Scouters of media that may contain electronic photos of my child's involvement in Scouting. I understand that the photos may appear on Mount Baker Council Websites, and promotional materials.

Signature _____ Date _____

Name (Printed) _____ Phone (_____)_____

Please add any address, phone or Email information that may by different than applicant's, including work phone number.

_____

_____

Person to contact in case of emergency, if parent/guardian cannot be reached

Name _____ Phone (_____)_____

Address & Additional Phone Numbers_____

_____

Insurance Information – Unit Policy

Company _____ Policy # _____

Parent Insurance – List Primary Coverage First

Parent Name	Employer	Insurance Company	Policy #