

2008 National Youth Leadership Training (NYLT) Registration Form

Here is my registration for the National Youth Leadership Training to be held at Camp Cutler for dates: (Please circle one)

July 6-12

July 20-26

August 3-9

For Scout: Please PRINT all information. The only exception is your signature.

Name _____ Nickname _____

Address _____ City, State & zip code _____

Phone _____ Email address: _____

Birthdate _____ Age _____ T Shirt Size (adult) S M L XL XXL

Troop _____ District _____ Current Rank _____ Troop Leadership Position _____

Photo Talent Release: I hereby assign and grant to the Otetiana Council, Inc., Boy Scouts of America, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made during my participation in the National Youth Leadership Training course, and I hereby release the Otetiana Council, Inc., 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/video tapes/electronic representations and/or sound recordings without limitation at the discretion of the Otetiana Council, Inc., Boy Scouts of America,, and I specifically waive any right to any compensation I may have for any of the foregoing.

On my honor as a Scout, I promise I will faithfully live according to the Scout Oath and Law during the National Youth Leadership Training. I will represent my Troop and do all I can to pass my new knowledge and skills along to my fellow Scouts.

Scout Signature _____ Date _____

For Parents (Please print all information): My son has my permission to attend this CHALLENGING course at Camp Cutler. I have reviewed the Health and Medical Record for youth NO.34414A, and have signed and dated the parent authorization section. I have also reviewed the information in the For Scout section above and agree on behalf of my son with the Photo Talent Release. Health & medical record and NY State Health Dept. Medication form will be submitted to the Scout Servicenter prior to 15 June 2008.

Please list any special dietary needs here and on the medical form _____

Parent/Guardian signature _____ Date _____

Kindly print your name if different from the Scouts: _____

Person to be contacted in case of an emergency, if parent or guardian cannot be reached

Name _____ Phone _____

Address _____ Zip _____ Relationship _____

For Scoutmaster: Responsible for Deposit: circle one TROOP FAMILY
Responsible for Balance: circle one TROOP FAMILY

On my honor as a Scoutmaster I promise this Scout has the experience and desire to learn leadership skills.

Scoutmaster's Approval _____ Date _____

Is there anything the NYLT staff needs to know about this Scout that will help him have a positive experience?

Yes, kindly furnish us with your phone number so we may contact you. Phone: _____ No

For office use: Deposit paid _____ Date paid _____ Balance paid _____ Date _____

Mail Application to: Otetiana Council, BSA, 474 East Ave., Rochester NY 14607-1992 (Total cost is \$205.00)

Return application with your \$105.00 deposit. Remaining balance of \$100.00 is due by June 15, 2008.

