

# NYLT Personal Resource Questionnaire



1. Name \_\_\_\_\_
2. Address \_\_\_\_\_
3. Phone # \_\_\_\_\_ 4. Date of birth \_\_\_\_\_
5. School and grade \_\_\_\_\_
6. Languages spoken \_\_\_\_\_ 7. Years in Scouting \_\_\_\_\_
8. Unit Type/Number \_\_\_\_\_ 9. Council/District \_\_\_\_\_
10. Current unit leadership position \_\_\_\_\_ 11. Rank \_\_\_\_\_
12. List other leadership positions held and how long they were held \_\_\_\_\_  
\_\_\_\_\_
13. Scouting awards received \_\_\_\_\_
14. State a fair evaluation of your physical condition \_\_\_\_\_  
\_\_\_\_\_
15. What training courses have you taken in Scouting and when? \_\_\_\_\_  
\_\_\_\_\_
16. State why you decided to participate in this experience and what you expect to gain from it:  
\_\_\_\_\_  
\_\_\_\_\_
17. Anything special about you, the course leadership should know? \_\_\_\_\_

Below you will find a checklist of the typical Scouting skills. Please place a check mark opposite the skill and in the column that best represents your skill ability. If you have the MB listed, check the second column. Do not under or overrate yourself. Be as honest and objective as possible. You may check more than one column per skill.

### Skills Overview (Check appropriate column.)

Skill or Merit Badge	Need Help	Have MB	Skilled	Taught
Public Speaking (Public Speaking MB)				
Presentation Delivery (Communications MB)				
Leadership Skills		n/a		
Geocaching		n/a		
Map and Compass (Orienteering MB)				
Hiking (Hiking MB)				
Camping (Camping MB)				
Safe Swim (Swimming MB)				
Cooking (Cooking MB)				
Knots and Lashings (Pioneering MB)				

(Please print neatly. You may use the back of the sheet if needed. Please number your responses if you use the back of the sheet.)

# Annual Health and Medical Record

(Valid for 12 calendar months)

## Medical Information

The Boy Scouts of America recommends that all youth and adult members have annual medical evaluations by a certified and licensed health-care provider. In an effort to provide better care to those who may become ill or injured and to provide youth members and adult leaders a better understanding of their own physical capabilities, the Boy Scouts of America has established minimum standards for providing medical information prior to participating in various activities. Those standards are offered below in one three-part medical form. Note that unit leaders must always protect the privacy of unit participants by protecting their medical information.

**Parts A and C** are to be completed annually **by all BSA unit members**. Both parts are required for all events that do not exceed 72 consecutive hours, where the level of activity is similar to that normally expended at home or at school, such as day camp, day hikes, swimming parties, or an overnight camp, and where medical care is readily available. Medical information required includes a current health history and list of medications. Part C also includes the parental informed consent and hold harmless/release agreement (with an area for notarization if required by your state) as well as a talent release statement. Adult unit leaders should review participants' health histories and become knowledgeable about the medical needs of the youth members in their unit. This form is to be filled out by participants and parents or guardians and kept on file for easy reference.

**Part B** is required with parts A and C for any event that exceeds 72 consecutive hours, a resident camp setting, or when the nature of the activity is strenuous and demanding, such as service projects, work weekends, or high-adventure treks. It is to be completed and signed by a certified and licensed health-care provider—physician (MD, DO), nurse practitioner, or physician's assistant as appropriate for your state. The level of activity ranges from what is normally expended at home or at school to strenuous activity such as hiking and backpacking. Other examples include tour camping, jamborees, and Wood Badge training courses. It is important to note that the height/weight chart must be strictly adhered to if the event will take the unit beyond a radius wherein emergency evacuation is more than 30 minutes by ground transportation, such as backpacking trips, high-adventure activities, and conservation projects in remote areas.

## Risk Factors

Based on the vast experience of the medical community, the BSA has identified that the following risk factors may define your participation in various outdoor adventures.

- Excessive body weight
- Heart disease
- Hypertension (high blood pressure)
- Diabetes
- Seizures
- Lack of appropriate immunizations
- Asthma
- Sleep disorders
- Allergies/anaphylaxis
- Muscular/skeletal injuries
- Psychiatric/psychological and emotional difficulties

For more information on medical risk factors, visit Scouting Safely on [www.scouting.org](http://www.scouting.org).

## Prescriptions

The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but BSA does not mandate or necessarily encourage the leader to do so. Also, if state laws are more limiting, they must be followed.



BOY SCOUTS OF AMERICA

# Annual BSA Health and Medical Record

## Part A

### GENERAL INFORMATION

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Male  Female   
 Address \_\_\_\_\_ Grade completed (youth only) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Unit leader \_\_\_\_\_ Council name/No. \_\_\_\_\_ Unit No. \_\_\_\_\_  
 Social Security No. (optional; may be required by medical facilities for treatment) \_\_\_\_\_ Religious preference \_\_\_\_\_  
 Health/accident insurance company \_\_\_\_\_ Policy No. \_\_\_\_\_

**ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD (SEE PART C).  
 IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."**

### In case of emergency, notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home phone \_\_\_\_\_ Business phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
 Alternate contact \_\_\_\_\_ Alternate's phone \_\_\_\_\_

### MEDICAL HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma	
		Diabetes	
		Hypertension (high blood pressure)	
		Heart disease (i.e., CHF, CAD, MI)	
		Stroke/TIA	
		COPD	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Learning disorders (i.e., ADHD, ADD)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures	
		Sleep disorders (i.e., sleep apnea)	
		GI problems (i.e., abdominal, digestive)	
		Surgery	
		Serious injury	
		Other	

### Allergies or Reaction to:

Medication \_\_\_\_\_

Food, Plants, or Insect Bites \_\_\_\_\_

### Immunizations:

The following are recommended by the BSA. Tetanus immunization must have been received within the last 10 years. If had disease, put "D" and the year. If immunized, check the box and enter the year received.

Yes	No	Date
<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria _____
<input type="checkbox"/>	<input type="checkbox"/>	Measles _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Rubella _____
<input type="checkbox"/>	<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____
<input type="checkbox"/>	<input type="checkbox"/>	Influenza _____

Exemption to immunizations claimed.

**(For more information about immunizations, as well as the immunization exemption form, see Scouting Safely on *Scouting.org*.)**

### MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.)

Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
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**NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are **NOT** expired, including inhalers and EpiPens. You **SHOULD NOT STOP** taking any maintenance medication.**

Emergency contact No.:

Allergies:

DOB:

Last name:

**Part B**

**PHYSICAL EXAMINATION**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Meets height/weight limits  Yes  No Blood pressure \_\_\_\_\_ Pulse \_\_\_\_\_

Individuals desiring to participate in any high-adventure activity or events in which emergency evacuation would take longer than 30 minutes by ground transportation will not be permitted to do so if they exceed the weight limit as documented at the bottom of this page. Enforcing the height/weight limit is strongly encouraged for all other events, but it is not mandatory. (For healthy height/weight guidelines, visit [www.cdc.gov](http://www.cdc.gov).)

	Normal	Abnormal	Explain Any Abnormalities	Range of Mobility	Normal	Abnormal	Explain Any Abnormalities
Eyes				Knees (both)			
Ears				Ankles (both)			
Nose				Spine			
Throat							
Lungs				<b>Other</b>	<b>Yes</b>	<b>No</b>	
Heart				Contacts			
Abdomen				Dentures			
Genitalia				Braces			
Skin				Inguinal hernia			<b>Explain</b>
Emotional adjustment				Medical equipment (i.e., CPAP, oxygen)			

**Allergies** (to what agent, type of reaction, treatment):

I certify that I have, today, reviewed the health history, examined this person, and approve this individual for participation in:

- Hiking and camping     Competitive activities     Backpacking     Swimming/water activities     Climbing/rappelling
- Sports     Horseback riding     Scuba diving     Mountain biking     Challenge ("ropes") course
- Cold-weather activity (<10°F)     Wilderness/backcountry treks

Specify restrictions (if none, so state)

**Certified and licensed health-care providers recognized by the BSA to perform this exam include physicians (MD, DO), nurse practitioners, and physician's assistants.**

- To Health Care Provider:** Restricted approval includes:
- Uncontrolled heart disease, asthma, or hypertension.
  - Uncontrolled psychiatric disorders.
  - Poorly controlled diabetes.
  - Orthopedic injuries not cleared by a physician.
  - Newly diagnosed seizure events (within 6 months).
  - For scuba, use of medications to control diabetes, asthma, or seizures

Provider printed name \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, state, zip \_\_\_\_\_  
 Office phone \_\_\_\_\_  
 Date \_\_\_\_\_

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
60	97-138	139-166	166
61	101-143	144-172	172
62	104-148	149-178	178
63	107-152	153-183	183
64	111-157	158-189	189
65	114-162	163-195	195
66	118-167	168-201	201
67	121-172	173-207	207
68	125-178	179-214	214
69	129-185	186-220	220

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
70	132-188	189-226	226
71	136-194	195-233	233
72	140-199	200-239	239
73	144-205	206-246	246
74	148-210	211-252	252
75	152-216	217-260	260
76	156-222	223-267	267
77	160-228	229-274	274
78	164-234	235-281	281
79 & over	170-240	241-295	295

This table is based on the revised Dietary Guidelines for Americans from the U.S. Dept. of Agriculture and the Dept. of Health & Human Services.

**Part B** Last name: \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Part C**

**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 local 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 the 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 an 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 in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and 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 local 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, and I hereby release 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.**

Participant's name \_\_\_\_\_

Participant's signature \_\_\_\_\_

Parent/guardian's signature \_\_\_\_\_  
(if under the age of 18)

Date \_\_\_\_\_

**Attach copy of insurance card (front and back) here. If required by your state, use the space provided here for notarization.**



BOY SCOUTS OF AMERICA  
 1325 West Walnut Hill Lane  
 P.O. Box 152079  
 Irving, Texas 75015-2079  
<http://www.scouting.org>



2008 Printing

**Part C**    **Last name:** \_\_\_\_\_    **DOB:** \_\_\_\_\_

# YOUTH PERMISSION FORM

Firearms, Treat, Activity, Release of Minor, Photo

The following signatures are required for Scouts to fully participate.

## PERMISSION TO TREAT

**In case of emergency,** I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

Signature of parent/guardian or adult \_\_\_\_\_ Date \_\_\_\_\_

## PARENTAL FIREARMS PERMISSION AND RELEASE

California State Law prohibits any person from furnishing, loaning or otherwise providing a minor any firearm or live ammunition without the express permission of their parent or guardian. Your son will not be allowed on the shooting range without the following signed release. If you do not wish your son to participate in shooting activities please write "NO PERMISSION".

MINOR'S NAME (Please print) \_\_\_\_\_

I (Please print) \_\_\_\_\_ The Parent \_\_\_\_\_ Legal Guardian \_\_\_\_\_ of the above named minor do hereby give permission as required by California Penal Code Sections 12552, 12070, 12072 and 12078, et. seq. to the Boy Scouts of America, Western Los Angeles County Council, and to instructors certified by the Western Los Angeles County Council meeting the requirements for instructors established by the Boy Scouts of America (National), to furnish a firearm, BB Gun, Air Rifle, Pellet Gun, or 002 Gun, and Ammunition to said minor for the purpose of instructing him in the safe handling of firearms, safe shooting and marksmanship.

I do further agree to indemnify and save harmless the Boy Scouts of America, Western Los Angeles County Council and all officers, members, employees, and volunteers thereof, from all suits or actions brought for, or on account of, any injuries or damages received or sustained by any person or persons by or from the consequences of any negligence or any act or omission of the above named minor occurring during the course of said instruction.

Date Permission Granted: From \_\_\_\_\_ To \_\_\_\_\_

Signed: \_\_\_\_\_ The Parent \_\_\_\_\_ Legal Guardian \_\_\_\_\_

Print full name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please turn the page over for more permission signatures**

**RELEASE OF MINOR**

I, the parent or guardian of \_\_\_\_\_, troop number \_\_\_\_\_,  
(Name of Camper/Staff)  
authorize WLACC to release my son to \_\_\_\_\_  
(Name of individual picking up Scout)  
on \_\_\_\_\_ at \_\_\_\_\_. The aforementioned individual will provide all transportation  
(Date) (Time)  
from WLACC at no cost to the camp or Western Los Angeles County Council.

Reason for Departure: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTO (TALENT) RELEASE**

I hereby assign and grant to the Boy Scouts of America the right and permission to use and publish the photographs/film/video/electronic representations and/or sound recordings made during my Scouts visit to any WLACC, BSA activity. I hereby release the Boy Scouts of America, and the Western Los Angeles County Council from any and all liability from such use and promotion. 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 Boy Scouts of America, Western Los Angeles County Council. I specifically waive any right to any compensation I may have for any of the foregoing.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

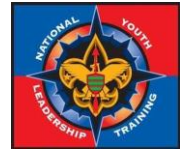
**CONSENT TO FULL PROGRAM**

Western Los Angeles County Council Summer Camp programs may include some or all of the following activities: horseback riding, archery, swimming, boating, sailing, hiking, mountain biking, crafts, use of knife and ax, rock climbing, rappelling, team sports, and other activities. Your signature below will grant consent for the above named youth to participate in any of the above activities at camp. Please check one of the options and state any limitations:

[ ] Consent to full program                      [ ] Consent to program with the following limitations/exclusions:

\_\_\_\_\_  
Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

# NYLT Personal Equipment List



## Required Items:

- Uniform Headgear of your troop
- Uniform Shirt (short sleeve, 2 suggested)
- Uniform Shorts or Trousers (2 pair suggested)
- Uniform Socks
- Official belt and buckle
- Neckerchief slide
- Neckerchief, troop
- Shoes or boots suitable for hiking
- Hiking socks (2 pair suggested)
- Change of shoes, as desired
- Raincoat, Poncho, or Rain Suit
- Sweater, Jacket, or Jac-Shirt
- Stocking Cap
- Underclothing (6 sets, Minimum)
- Handkerchiefs (as needed/desired)
- Pajamas/Camp Warmer/Sweatsuit
- Changes of clothing, as desired
- Work gloves
- Towel
- Washcloth
- Swim Trunks
- Toothbrush and paste
- Hand soap (in container)
- Medication (if required)
- Mirror (metal)
- Comb/Hairbrush
- Daypack
- Canteen or Water Bottle
- Mess Kit (plate, bowl, cup, fork, spoon)
- Sleeping Bag
- Tent, not bigger than 2-3 people
- Pillow
- Flashlight with spare Batteries and Bulb
- Sewing kit
- Personal first aid kit
- Prescription Glasses (if required)
- Sunglasses
- Ballpoint Pen, Pencil
- Scout Knife (no belt clip, no sheath knife)
- Compass (official preferred)
- Sunscreen and Chapstick
- Insect repellent (non-aerosol)
- Boy Scout Handbook**
- Patrol Leader Handbook** (optional)
- BSA Personal Health and Medical Record Form (completed and signed)**

## NOTES:

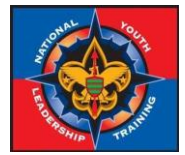
Complete "Official" Field Uniform is required for all morning and evening Assemblies, and as instructed.

Complete "Official" Activity Uniform is required for all classes, and Monday night campfire, Wednesday night campfire, and the night hike.

We will have a small trading post, selling candy and sodas. It will be open only during specific free periods, and will have reasonable prices.

Do NOT bring any aerosol cans, matches, lighters, electronic games, radios, CD players, or tape players.

# WLACC CAMP JOSEPHO



## Driving Directions from 405 Freeway

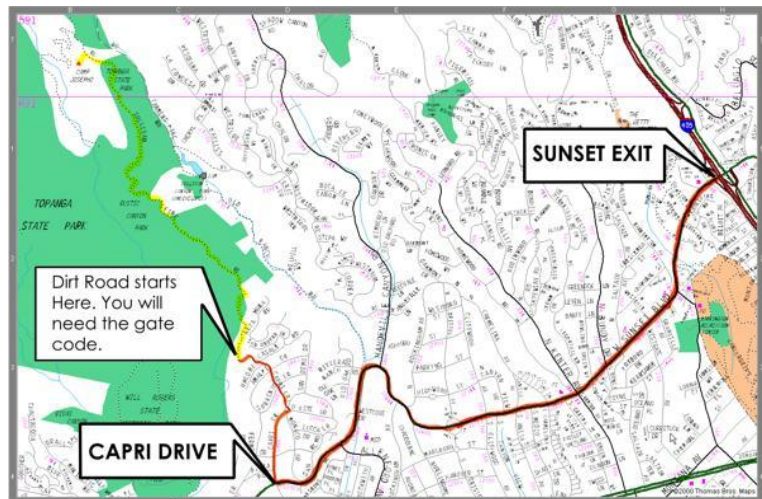
- Take the 405 San Diego Freeway and exit at Sunset Blvd
- Take Sunset Blvd. west toward the beach. (The freeway exit might lead to another street, follow the signs until you get to Sunset and take it toward the ocean).
- You'll travel on Sunset for just over 3 miles.
- From Sunset Blvd. turn right on Capri Drive.
- You will get to a round-about. Take it around until you find Capri Drive again, it will be a near straight continuation.
- Stay on Capri Drive until the end and turn left on to Casale Road.
- Casale will curve around the hill and turn into a dirt road.
- You will come to a gate to enter Sullivan Fire Road. The road is gated with regularly changed gate codes required for access.
- The fire road is open to hikers and cyclists. There are a number of blind curves on the road, and, for safety, drivers must extend courtesies to other people on the road. The speed limit on the road is 10 m.p.h.
- Drive on Sullivan Fire road for about 1.8 miles.
- The entrance to Camp Josepho Boy Scout Camp will be on your left, marked by a wooden arch.
- Turn left and drive down the road to the camp at the bottom of the hill.
- Park as directed
- <http://bsa-la.org/index.php?page=camp-josepho-map>

The Gate Codes for the week of NYLT will be the following:

Entry on Sunday, June 27<sup>th</sup>  
**\*6015**

Entry on Friday, July 2<sup>nd</sup>  
**\*7035**

Remember to share these codes with your driver.



**THE CAMP JOSEPHO ROAD OPERATES  
BETWEEN THE HOURS OF 7:00AM & 9:00PM ONLY**

The posted speed limit on the fire road into camp is **10 M.P.H**

The posted speed limit in camp is **5 M.P.H**

Drive Responsibly and With Care!

Transportation to and from camp is the responsibility of the participant's unit and its Unit Committee. All vehicles should conform to State of California highway regulations, should be driven by licensed drivers 18 years of age or older and in vehicles carrying adequate insurance. Under no circumstances are passengers to be carried in truck beds.

Please carpool whenever possible.



# NATIONAL YOUTH LEADERSHIP TRAINING

For Current and Future Troop and Crew Youth Leaders

June 27 – July 2, 2010 at Camp Josepho

## What is NATIONAL YOUTH LEADERSHIP TRAINING?

**NATIONAL YOUTH LEADERSHIP TRAINING (NYLT)** is a week long outdoor experience for present and future youth unit leaders, designed to help a Scoutmaster and Venture Crew Advisor in their responsibility to train Scouts and Ventures in being better Unit leaders and in maintaining a youth-run Scouting Program. The National Youth Leadership Training Program replaces the course previously known as Junior Leader Training Conference (JLTC). Successful completion of NYLT is a pre-requisite for invitation to and registration for the National Advanced Youth Leadership Experience (NAYLE) held each summer at Philmont.

NYLT focuses on teaching advanced leadership skills in a team-building atmosphere based on the patrol method. Participants will be regularly challenged to accomplish activities and projects using the leadership skills taught in the course.

We set the example as a Youth-led Unit as all the teaching is done by the Youth staff. Adult Staff will be present as support.

The experience and fellowship received by being with a team of Youth Leaders from other troops/crews and led by a quality Youth Staff is significant for the participants. Our objective is for the participants to return to their units with enthusiasm and ideas that will help make their job a lot easier and improve their home unit's program.

## What is the curriculum?

The course models a month in the life of a troop – three meetings (one each day for the first three days) all leading up to a big outdoor experience (an overnight outpost camp).

The course uses the patrol method and presents model Patrol Leader Council meetings. Patrols are challenged early in the week to present to the troop at the end of the week their "Quest for the Meaning of Leadership."

While the challenge is designed to have them go through the four stages of team development, it will help patrols and individual Scouts internalize the leadership skills and concepts being presented to them along the way.

Throughout the course, the staff will be modeling the concepts and skills that are the core content of the course. The focus of each session is not only knowledge but giving the youth a "Toolbox of Skills" that equips them with the "how to".

**NATIONAL YOUTH LEADERSHIP TRAINING** has six major aims:

- To give participants the confidence and knowledge to run the troop program.
- To teach and practice key leadership skills and relate these skills to the youth's unit responsibilities.
- To give Scouts and Ventures the opportunity to share ideas and experiences with their peers
- Give each participant a varied experience and new skills, with emphasis on the patrol method, in a fun atmosphere
- To create an atmosphere where the participants will experience "Scouting at its best".
- To enhance the relationship between the participant and their home unit.



## Is NATIONAL YOUTH LEADERSHIP TRAINING a week at summer camp?

No. Although there is an emphasis on fun, NATIONAL YOUTH LEADERSHIP TRAINING is a leadership training course in an outdoor environment. There are no rank advancement opportunities during the week. The purpose of this course is to develop leadership skills that Scouts and Ventures will use in their home units and throughout their lives.

### Who should attend NATIONAL YOUTH LEADERSHIP TRAINING?

- Youth in a current or future position of leadership (Patrol Leader, Troop Guide, Senior Patrol Leader, Assistant Senior Patrol Leader, Crew Officer, etc.)
- Be recommended by the home Scoutmaster or Crew Advisor.
- Be First Class rank before June 27, 2010
- Be thirteen years of age by before June 27, 2010
- Have attended a long term Scout camp.
- **And have the enthusiasm and desire to participate in this learning experience.**

### What is the NATIONAL YOUTH LEADERSHIP TRAINING Participant cost?

\$200 if paid in full by May 31, 2010. \$240 if paid after May 31st. The fee includes all course materials, meals and facility costs for the six-day course. A \$100 deposit is to be paid with application, balance due by May 31, 2010. Some troops pay for part or all of the youth training cost. Please check with your troop. Limited financial assistance may be made available from WLACC.

### When does registration close?

The last day to register is on June 4, 2010. After that date, Scouts may be added if space is available. Register early to ensure your acceptance to the course. Space is limited.

To register, mail the application (2 Pages), complete with parent and scoutmaster signatures, along with the registration fee (Payable to: Boy Scouts of America-WLACC) to:

Western Los Angeles County Council  
16525 Sherman Way Unit C8  
Van Nuys, CA 91406

Write on the check: Acct. # 1-6801-138-20

### Is the home Scoutmaster and Venture Crew Advisor involved?

Absolutely! NATIONAL YOUTH LEADERSHIP TRAINING is designed to enhance the Scout's and Venture's relationship with their home unit. Participation in NYLT is contingent upon recommendation by the Youth's Scoutmaster/Crew Advisor. SM/VCA's are welcome (but not required) to attend an orientation meeting at 1 p.m. on the opening day of the course, and are also invited to attend the closing ceremony at 4 p.m. on the closing day of the course. Scoutmasters/Advisors then work with the participants following NYLT to help them USE the ideas and concepts learned at NYLT.

### Is any special equipment needed?

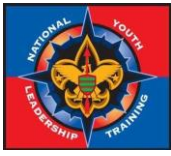
Each Scout is required to have at least one complete Scout uniform. A complete uniform includes the following; Scout shirt, Scout pants or shorts, Scout belt and Scout socks. This is sometimes known as the Class A uniform and will be worn at breakfast and dinner during the week. Most other times the Scouts will wear a uniform which consists of the NYLT T-shirt (provided on the first day of the course) along with Scout pants, Scout socks and Scout belt. One set of civilian clothes will be useful for a couple of activities during the week. More information is given after application is received.

### What are the times for the course?

Check in will begin at noon on Sunday, June 27, 2010. The closing ceremony (to which parents and Scoutmasters are invited) begins at 4 p.m. on Friday, July 2, 2010. It should end by 5:30 p.m.

### How can I get additional information?

Contact: Harlan Hogue, [scoutmaster@hoguemet.com](mailto:scoutmaster@hoguemet.com), (310) 454-6483 or  
Rod Zalunardo, [scouting@zalunardo.com](mailto:scouting@zalunardo.com),



# NATIONAL YOUTH LEADERSHIP TRAINING WESTERN LOS ANGELES COUNTY COUNCIL June 27 – July 2, 2010 at Camp Josepho

## APPLICATION FORM (Page 1 of 2)

I AM APPLYING AS A:     \_\_\_ PARTICIPANT     STAFF:     \_\_\_ YOUTH     \_\_\_ ADULT

NAME		TODAY'S DATE
MY FRIENDS CALL ME		UNIT TYPE & NUMBER
ADDRESS		DISTRICT
CITY	STATE:	ZIP
CURRENT LEADERSHIP POSITION	EMAIL ADDRESS:	PHONE NUMBER (     )
INDICATE SHIRT SIZE – ADULT SIZES (CIRCLE) <b>SM    MED    LG    XL    XXL    OTHER (SPECIFY):</b>		ALT. PHONE NUMBER
BIRTH DATE		PRESENT SCOUT RANK
PREVIOUS LEADERSHIP TRAINING		DATE
PREVIOUS LEADERSHIP TRAINING USE BACK OF APPLICATION IF MORE ROOM IS NEEDED		DATE
PHYSICAL AND/OR DIETARY NEEDS/RESTRICTIONS (BE SPECIFIC PLEASE, Use more space if necessary)		DATE
PARENT NAME(S)	PARENT EMAIL ADDRESS:	PARENT PHONE NUMBER (     )

On my honor as a Scout, I promise that I will faithfully live according to the Scout Oath and Law during the National Youth Leadership Training Conference and thereafter. I will represent my troop with honor and do all I can to pass along my new knowledge and skills to my fellow Scouts. I certify that I am at least a First Class Scout and 13 years of age by June 27, 2010 and am troop youth leader or capable of filling those positions.

Signed \_\_\_\_\_ (Participant / Staff)

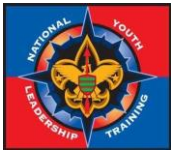
**Approval of Parent or Guardian**

I approve the attendance of my son, named above, to the Western Los Angeles County Council – National Youth Leadership Training Conference to be held at Camp Josepho from June 27 – July 2, 2010. I will see that he has the necessary equipment and uniforms to meet the requirements for the course as indicated on the flyer and as indicated in future information.

Signed \_\_\_\_\_ (Parents signature)

**Scoutmaster or Advisor's Approval (required for youth consideration)**

LEADER'S NAME		UNIT TYPE AND #
ADDRESS		DISTRICT
CITY	STATE	ZIP
LEADER'S SIGNATURE	EMAIL ADDRESS	HOME PHONE



**NATIONAL YOUTH LEADERSHIP TRAINING  
WESTERN LOS ANGELES COUNTY COUNCIL  
June 27 – July 2, 2010 at Camp Josepho**

**APPLICATION FORM  
(Page 2 of 2)**

Course Fee: \$200 if paid in full by May 31; \$240 after that. Amount Enclosed: \_\_\_\_\_  
A \$100 deposit to be paid with application, balance due in full by May 31, 2010

Check Payable To: Western Los Angeles County Council

Write on the check: Acct. # 1-6801-138-20

Please send this form to: Western Los Angeles County Council  
16525 Sherman Way Unit C8  
Van Nuys, CA 91406

Contact: Harlan Hogue, [scoutmaster@hoguemet.com](mailto:scoutmaster@hoguemet.com), (310) 454-6483  
Rod Zalunardo, [scouting@zalunardo.com](mailto:scouting@zalunardo.com)

**REFUND POLICY:**

This refund policy relates to the transmittal of funds between the Western Los Angeles County Council, hereafter referred to as "WLACC", Boy Scouts of America, hereafter referred to as BSA, and registered participants of the council National Youth Leader Training conference, hereafter referred to as "NYLT".

1. There will be no refund following the start NYLT.
2. Registered participants of the council NYLT must submit a written request for a refund to the council NYLT course director.
3. Based on the WLACC refund policy listed below, the NYLT course director is authorized to make the refund to the participant as follows:

- A. Before May 31, 2010 the refund will be 100% of the course fee.
- B. After May 31, 2010, if a registered participant of the council NYLT finds that they cannot attend, they will receive a full refund from the WLACC, BSA, only if there is an alternate\* to take their place.
- C. If there is no alternate, a partial refund may be made at the Course Directors prerogative. This includes the fees paid to date, less an administrative fee of \$50.00 and other expenses related to contractual agreements made on the participant's behalf.

*\*An alternate may be selected from the council waiting list, if there is one, or could be a properly qualified youth recruited by the person requesting a refund. Fees paid by alternates not selected as registered participants will be refunded in full.*

----- **Additional Staff Info Section** -----

Please Note: There is a Staff Fee of up to \$75 to help cover the costs of meals and other staff items.

Have you been a participant on a JLTC or NYLT Course? Yes No (please circle one)

Have you been a staff member on a JLTC or NYLT Course? Yes No (please circle one)

Position Held When Where

Are you available for the entire course and staff development sessions? Yes No (please circle)

Please indicate your ability to perform the following staff positions:					
	Ability:	Beginner	Intermediate	Advance	Expert
Backpacking / Camp Site Prep	Ability:	Beginner	Intermediate	Advance	Expert
GPS Tracking (Geocaching)	Ability:	Beginner	Intermediate	Advance	Expert
First Aid Training / Review	Ability:	Beginner	Intermediate	Advance	Expert
Large Group Cooking / Quartermaster Aid	Ability:	Beginner	Intermediate	Advance	Expert
Public Speaking / Unit Presentation	Ability:	Beginner	Intermediate	Advance	Expert
Knots and Lashings	Ability:	Beginner	Intermediate	Advance	Expert
General Service	Ability:	Beginner	Intermediate	Advance	Expert
Other: (Describe)	Ability:	Beginner	Intermediate	Advance	Expert

Please list any dates that may conflict with the course staffing schedule (Friday, June 25<sup>th</sup> – Friday, July 2<sup>nd</sup>) and/or the Staff Development schedule (Feb 28, Mar 14, Apr 11, May 7/8, and June 6). Additional Staff Development dates may be added as needed.