



Send to: Great Smoky Mountain Council
 Attention NYLT 2008
 P.O. Box 51885
 Knoxville, TN 37950

Phone: 865-588-6514
 Fax: 865-588-3728

National Youth Leadership Training Reservation

(Please attach a \$80.00 non-refundable deposit or full payment of \$160.00 and BSA Class 1 and 2 medical forms. Registration is limited to the first 48 participants, 24 minimum to conduct course. All registration material must be received by May 28, 2008.)

Name: _____ My friends call me: _____

Address: _____ Phone #: () _____

City/State/Zip: _____ Email: _____

Troop: _____ District: _____ Birth Date: / / Age: _____
 (must be 13 or older by June 1st)

On my honor as a Scout, I promise that I will live according to the Scout Oath, Scout Law, and Code of Conduct during NYLT and thereafter. I will set an example for others and do all that I can to pass along my knowledge and skills to fellow scouts.

Signed: _____ Date: _____ Shirt size Adult S M L XL 2XL

Scoutmaster's Approval

As Scoutmaster of Troop _____ I recommend the Scout listed above attend NYLT. I understand that this Scout will learn leadership skills and gain knowledge of vision development, team development, leadership styles, managing conflict, and planning that will aid my troop. I will give the Scout the opportunity to use these skills to better the development of our troop.

Signed: _____ Date: _____ Daytime Phone () _____

Name (print): _____ Evening Phone () _____

Approval of Parent or Guardian

I approve the participation of my son named above as a participant in the GSMC's NYLT to be held at Camp Buck Toms on the week of 6/1-6/7. My son and I have discussed the code of conduct and the expectations that it implies.

Signed: _____ Date: _____ Daytime Phone () _____

Name (print): _____ Evening Phone () _____

Emergency contact if I can not be reached: _____ Phone: () _____

Medical Authorization

Name of Minor: _____ Address: _____

I, the undersigned, do hereby authorize the Boy Scout Leaders, or any such substitute as may be designated, as agent for the undersigned to consent to any X-Ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the above named minor, which is deemed advisable by and to be rendered under the general or special supervision of any physician or surgeon, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, Scout Camp or elsewhere. To the extent that any cost is not covered by BSA insurance, I agree to be responsible for such costs.

Primary Insurance Carrier: _____ Policy Number: _____

Parent or guardian (signature): _____ Date: _____

Parent or guardian (print): _____ Home phone: _____

Fee Paid\$ _____ Date: _____ Receipt #: _____ Assigned to patrol _____

Personal Health & Medical Form Class 1&2 received _____