

Parent's checklist for NYLT registration

To apply for attendance to NYLT, submit the form below with all required paperwork and Scoutmaster Approval. Once all requirements are approved by council, an email link to the registration will be sent to the parent's email address.

Scout's Name: _____

Scout's Member ID: _____

Scout's Date of Birth: _____ Scout's age at start of course: _____

Unit Type: Crew Ship Troop

Unit Number: _____

Parents Name: _____

Parents Phone: (H) _____ (C) _____

Parent's email: _____

Parent's permission to attend NYLT:

I approve my Scout (listed above) to attend NYLT. I understand that submission of all required paperwork is required before registering for the course. I understand that attendance to the participant orientation meeting is a requirement and non-attendance will move the Scout to the bottom of the wait list. I understand that the Scout must attend the full course, arriving on time and not leaving early, to receive credit for completing the course.

(Parent's Signature)

NOTE: The Annual Health and Medical Form cannot be sent via email to the council office.

REQUIRED PAPERWORK (For Council Office)

Annual Health and Medical Form

____ Part A: Informed Consent, Release Agreement, and Authorization Signed?

Any Activity Restrictions? _____

____ Part A: Adults Authorized to Take Youth to and From Events: (You must designate at least one adult)

____ Part A: Adults NOT Authorized to Take Youth to and From Events

____ Part B1: General Information/Health History

General identification information complete?

In case of emergency, notification information?

Health History complete?

____ Part B2: General Information/Health History

Are allergies listed if the yes box is checked?

Are medications listed if the yes box is checked?

Is there an attached list of additional medications?

Is the Non-prescription medication authorization checked and signed by parent/guardian?

Are all listed Immunizations checked either yes or no?

Are dates listed for immunization checked entered?

Has the tetanus immunization been received within the last 10 years?

____ Part C: Pre-Participation Physical

If medical restrictions are marked YES, is there an explanation listing the restrictions?

Is there an explanation for any abnormal item checked?

Date of Exam: _____

Exam date within one year of the course ending date?

____ Copy of both sides of Insurance Card.

National Youth Leadership Training

Required Special Needs / Dietary Request Form

The Required Special Needs / Dietary Request Form is required paperwork to be submitted to Sam Houston Area Council, attention NYLT registration, prior to the Scout registering for the course. This form can be emailed, see the NYLT web page for the email address. Once all required paperwork is received a link to the registration will be sent to the Scout's parent's email.

Scout's Name: _____

Crew Ship Troop Unit Number: _____

Please check as appropriate below +provide adequate information so we can accommodate the Scout's needs.

No Special Needs or Dietary Restrictions

ALLERGIES: Allergens may be a food, drug, or environmental

Name the allergen: _____

Negative reaction occurs when I am: In physical contact Allergen is ingested

Please describe the reaction: _____

What is the treatment? _____

MEDICAL CONDITION and/or MEDICINE STORAGE

SPECIAL DIETARY NEEDS:

Please describe dietary restrictions or requests such as special food storage or vegan diets here. We ask individuals requiring a very special diet (medically necessary or required by religion) to bring their own food to camp. Camp staff can store and help prepare the food.

Vegetarian No Meat Halal Gluten Free Dairy

Other (please contact council office)

Details: _____

OTHER SPECIAL NEEDS OR REQUESTS - Please share other special arrangements or needs here.
(Transportation around camp, sleeping arrangements, visual or auditory accommodations, etc.):

NO OTHER SPECIAL NEEDS OR REQUESTS