



NATIONAL YOUTH LEADERSHIP TRAINING (NYLT) PERMISSION FORM



Scouts Name: _____ Emergency Phone: _____

Address: _____ City: _____ Zip: _____

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.

By signing below, the Scout's parents agree to send the youth above to NYLT. The parents understand that this youth will need to arrive at Camp Long Lake between 10:00 and 11:00AM on June 13, 2010. The youth will be free to leave after 8:00PM on Friday June 18, 2010. The parents understand all fees are subject to the standard Camp Long Lake fee schedule.

Parents Signature: _____

Parents Email: _____

By signing below, the said Scout above is granted ScoutMaster Approval to attend NYLT 2010. The ScoutMaster understands that the recommended youth above meets all age, rank, and skill requirements necessary to attend NYLT.

ScoutMaster Signature: _____

ScoutMaster's Email: _____

ScoutMaster Phone Number: _____

Make sure this form is completed along with the registration form and Code of Conduct.

Please return to: Potawatomi Area Council
804 Bluemound Rd.
Waukesha, WI 53188

(3/10 rev.)