National Youth Leadership Training
Scouts, Venturers & Sea Scouts
June 7 – June 13, 2025
Camp Pupukea

YOUTH NAME:_____Unit_____

***Unit Leaders:* Your personal recommendation is the most important criteria for registration!**

Scouts - By signing this form, you are confirming that this Scout has the maturity and readiness to undertake this course. **Minimum age requirements for Scouts (male and female)**: **must be at least 13 years old by June 6, 2025**. Youth registered in Scouting America are required to earn at least **First Class rank** before attending NYLT. They must have completed Introduction to Leadership Skills (ILST) for Troops.

Venturers & Sea Scouts - By signing this form, you are confirming that this Venturer or Sea Scout has the maturity and readiness to undertake this course. **Mininum age requirements for Venturers and Sea Scouts (male and female): must be at least 14, or 13 and have completed eighth grade by June 6, 2025**, and fall within the **maximum age** allowance for their program **(Venturers and Sea Scouts must be no older than 20 years of age as of June 6, 2025)**. They must have completed Introduction to Leadership Skills for Crews or Ships. It is recommended that they have had at least one year of camping experience. While NYLT is not an outdoor skills course, it is important that each participant have basic camping and outdoor cooking experience.

Email completed form to Jeff Snyder - NYLT Course Director: jeffsnyder@hawaii.rr.com

What do you hope this Youth will gain from attending the National Youth Leadership Training Conference?

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_____

Unit Leader's Name: _____

Address:_____

City_____State_____Zip_____

Telephone_____Email _____

Unit Leader Approval: I have reviewed and certify that the applicant's information is complete and accurate. I recommend this youth for participation in NYLT and understand that no requirements will be waived. Further, I will do my best to support the application and development of the leadership concepts taught in the NYLT within our troop or crew.

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Unit Leader's Signature Printed Name Date

Participant Signature: On my honor as a Scout, I certify that the information on this application is correct and agree to meet all requirements and expectations as a participant to the best of my ability.

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Scout's/Venturer's/Sea Scout's Signature Date

Parental Approval: I certify that the information on this application is correct and approve my son's/ daughter's participation in NYLT. I understand that photographs may be taken for use in promotional materials, including websites and brochures. Participants will NOT be identified in those photographs.

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Parent's/Guardian's Signature Printed Name Date

Each participant must bring a copy of their current BSA Health and Medical Form (Parts A - C).