



National Youth Leadership Training Frequently Asked Questions (FAQ's)

General Overview

Q: What is National Youth Leadership Training (NYLT)?

A: NYLT is a six-day leadership training course focused on teaching and teaching how to teach Scouts modeling one month in the life of a Scouting unit using the Patrol Method and principles of servant leadership.

Q: What can my Scout expect at NYLT?

A: NYLT is not a summer camp. Instead of fulfilling merit badge requirements, Scouts will learn how to write visions, goals, experience the stages of team development and work on their definition of personal leadership. The topics presented and skills developed will serve Scouts well in all future endeavors as young adults. All this information is established by the BSA nationally via the NYLT Syllabus. Each participant will rotate through various patrol positions and each respective participant will serve as Patrol Leader for one day during the week.

Q: What is the schedule like?

A: The schedule is quite vigorous starting early in the morning with the days ending around 9 PM every night. A high-level overview is included in this PDF.

Q: How much planning goes into NYLT?

A: Following the end and close-out of the August 2023 NYLT course, the planning for the August 2024 course began.

Q: What is the Location/ What is the address?

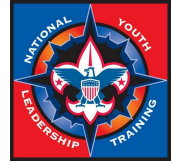
A: If you have not been to Camp Turrell, it is a 2-mile-long road into camp and there is two-way traffic so please obey the posted 5 mile per hour speed limit. The address is:

144 Galligan Road
Cuddebackville, NY 12729

Health & Safety

Q: What standards does NYLT follow?

A: This year's course has approximately 50 (youth and adult) total volunteer staff members who are all BSA registered members. The youth staff are graduates of the NYLT program. All staff are Youth Protection Trained and are also trained in the Youth-on-Youth Abuse training that summer camp staff undergo. NYLT is designated as a Short-



Term camp and abides by the National Camp Accreditation Program (NCAP) requirements. All Scoutmasters and the Course Director/Asst. Course Director attend the required (annual) Course Development Conference every October to serve on the course. Per the local health department mandate, we have a NY state certified EMT on our staff serving as the Health Officer. The Head of Commissary is SERV Safe certified.

Q: Can I use another medical form like one from a school/sport physical to satisfy Part C of the BSA Medical Form?

A: No, Part C of the BSA Medical form must be completed and signed by a medically certified and licensed physician. We will not accept any other type of non-BSA medical as satisfaction of completing this mandatory requirement.

Q: How will prescription medications be stored?

A: The Course EMT will store and dispense all prescription medications. The only medications that a Scout must have on his/herself the entire time are an emergency rescue inhaler and/or an epi pen.

Food

Q: How will food be served at NYLT this year?

A: ALL meals will be cooked by the patrols in their patrol sites. The food and gear are provided to them by the Commissary.

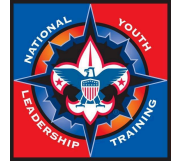
Q: Who do I need to notify about food allergies and dietary preferences?

A: ALL food allergies and dietary preferences need to be provided to us in advance. During the registration process, we ask about medical/health conditions, dietary preferences, and food/medical allergies so that we are aware of them in advance to help us plan properly. Please ensure that you submitted this information during the registration process. If you make any changes online, please let us know via email that you made changes (you do not need to specify the changes made in the email notification to us).

Sleeping Arrangements

Q: What are the sleeping arrangements at NYLT?

A: All participants will be separated into patrols of 4 to 6 Scouts and assigned a patrol site in their respective Troop. **Participants will need to bring their own tent and will be sleeping in their own tent.** We are not providing any camp tents or camp cots. Female participants will be sleeping in their own designated site, away from youth male participants. At each participant campsite there will be appropriate leadership



coverage within sight and sound of the campsite as stated by the guide to safe scouting and New York State Law.

Logistics

Q: What is the registration check-in process?

A: Upon arrival, follow instructions given by the staff for check-in. The BSA medical form will be re-checked by the Course EMT, the consulting Course Doctor, and/or the respective Scoutmaster.

Q: What time do I need to arrive at Camp Turrell on Sunday, August 11th?

A: Arrival time to Camp Turrell is 8:00 AM.

Q: What time is pick-up on Saturday, August 17th at Camp Turrell? A:

Pick-up time is being planned for 8 AM as the Course Graduation Ceremony will start around that time. Parents & Families are welcome to the Ceremony.

Q: What if I am unable to pick up my Scout on Saturday, August 17th?

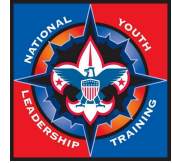
A: Alternative arrangements will have to be made so that your Scout is picked up by an authorized adult. Please make these arrangements using the following email address as a point of contact: evan.anderson@nylt.njbsa.org OR marty.vreeland@nylt.njbsa.org

Q. What if I want to pick up my Scout Early?

A: Early dismissal is at the discretion of the adult leadership and the course director. If the individual picking up the Scout is not the parent/guardian, they need to be listed on part A of the BSA medical form.

Q: What steps are in place for my Scout to go home with another parent/designated adult?

A: We have strict procedures that we follow during departure to ensure that all participants go home with their parents or authorized adults as designated on Part A of the BSA Medical Form. All authorized adults will need to show a government-issued ID for verification purposes prior to the Scout being dismissed from camp.



Forms & Paperwork

Q: How many forms does my Scout need to attend NYLT?

A: There are many forms needed for all participants. To keep this streamlined and as convenient as possible for you, we have included the list of forms on the packing list, and they are also included in this PDF document. Here is an overview:

- BSA Medical Form (parts A, B1, B2, C) along with required attachments
 - Part C - we need 1 copy of health insurance card (copies of **both sides** of the card)
- Acknowledgement of Course Code of Conduct Free from Discrimination and Harassment Form
- Picture Order Form (along with cash payment)
- Bring these forms to camp and keep a copy of all the forms at home.

Q: How do I receive a copy of my Scout's medical form back after NYLT ends?

A: We do not retain any copies of any participant's medical form. We return all medical forms at the conclusion of the course inside a packet that will be provided to all NYLT graduates at the Graduation ceremony on Saturday morning, August 17th.



Uniform Expectations & Packing List

Q: What is the uniform for NYLT?

A: Participants will arrive in their full Class “A” uniform and will wear this for most of the course. We issue 2 Class “B” T-shirts to each participant and those will be worn underneath their Class “A”.

Q: How do I order additional NYLT Class “B” T-shirts?

A: We accept additional orders of Class “B” T-shirts via e-mail and on the day of arrival at Camp. T-shirts are \$13 each and we recommend the additional purchase of another 2 or 3 Class “B” T-shirts (if not done so already). We accept cash or check. if paying by check, make it payable to “NNJC NYLT”. They are on a first come first serve basis. If you would like to verify the number of additional T-shirts ordered during the registration process, please e-mail: evan.anderson@nylt.njbsa.org

Q: **What to not pack / what not to bring?**

- Hammocks
- Food items (unless medically necessary, please inform the staff upon medical form re-check)
- Trunks (Participants will need camping backpacks and day packs)

Q: What does my Scout need to pack?

A: Please refer to the packing list included in this PDF file.

Questions/Comments/Concerns

Q: Who do I contact if I have additional questions, comments, or concerns?

A: Please send e-mail correspondence to evan.anderson@nylt.njbsa.org OR marty.vreeland@nylt.njbsa.org

Any further questions and discussions regarding what to expect for the NYLT Course will be addressed during our NYLT Participant Launch Meeting which will be held in-person in July. Date, time, and location will be announced later on.

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crew No.: _____ or staff position: _____

Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. 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 protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/ Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes 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.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby 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 liability from such use and publication. I further 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 BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.

List participant restrictions, if any: None

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. If I am participating at Philmont, Philmont Training Center, Northern Tier, Florida Sea Base, or the Summit Bechtel Reserve, I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Second parent/guardian signature for youth: _____ Date: _____

(If required; for example, California)

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:

You must designate at least one adult. Please include a telephone number.

Name: _____

Telephone: _____

Name: _____

Telephone: _____

Adults NOT Authorized to Take Youth To and From Events: Name: _____

Telephone: _____



Name:

Telephone:



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Part B: General Information/Health History

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crew No.: _____ or staff position: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____

Telephone: _____ Unit leader: _____ Mobile phone: _____

Council Name/No.: _____

Unit No.: _____ Health/Accident Insurance Company: _____

Policy No.: _____



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.



In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____


Alternate's phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	Last HbA1c percentage and date:
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension (high blood pressure)	
<input type="checkbox"/>	<input type="checkbox"/>	Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
<input type="checkbox"/>	<input type="checkbox"/>	Family history of heart disease or any sudden heart-related death of a family member before age 50.	
<input type="checkbox"/>	<input type="checkbox"/>	Stroke/TIA	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	Last attack date:
<input type="checkbox"/>	<input type="checkbox"/>	Lung/respiratory disease	
<input type="checkbox"/>	<input type="checkbox"/>	COPD	
<input type="checkbox"/>	<input type="checkbox"/>	Ear/eyes/nose/sinus problems	
<input type="checkbox"/>	<input type="checkbox"/>	Muscular/skeletal condition/muscle or bone issues	
<input type="checkbox"/>	<input type="checkbox"/>	Head injury/concussion	
<input type="checkbox"/>	<input type="checkbox"/>	Altitude sickness	
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric/psychological or emotional difficulties	
<input type="checkbox"/>	<input type="checkbox"/>	Behavioral/neurological disorders	
<input type="checkbox"/>	<input type="checkbox"/>	Blood disorders/sickle cell disease	
<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells and dizziness	
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	
<input type="checkbox"/>	<input type="checkbox"/>	Seizures	Last seizure date:
<input type="checkbox"/>	<input type="checkbox"/>	Abdominal/stomach/digestive problems	
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease	
<input type="checkbox"/>	<input type="checkbox"/>	Excessive fatigue	
<input type="checkbox"/>	<input type="checkbox"/>	Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	List all surgeries and hospitalizations	Last surgery date:
<input type="checkbox"/>	<input type="checkbox"/>	List any other medical conditions not covered above	

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Part B: General Information/Health History

B

Full name:

_____ DOB:

High-adventure base participants:

Expedition/crew No.: _____ or staff position: _____

Allergies/Medications

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Medication		<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Food		<input type="checkbox"/>	<input type="checkbox"/>	Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN. IF ADDITIONAL SPACE IS NEEDED, PLEASE INDICATE ON A SEPARATE SHEET AND ATTACH.

Medication	Dose	Frequency	Reason

YES NO Non-prescription medication administration is authorized with these exceptions: _____

Administration of the above medications is approved for youth by:

_____/_____
 Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)

Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.

Immunization

The following immunizations are recommended by the BSA. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polio	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Influenza	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., HIB)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exemption to immunizations (form required)	

**Please list any additional information
about your medical history:**

DO NOT WRITE IN THIS BOX

Review for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: Yes No

Reason: _____

Approved by: _____

Date: _____



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Part C: Pre-Participation Physical

This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crew No.: _____ or staff position: _____



You are being asked to certify that this individual has no contraindication for participation inside a Scouting experience. For individuals who will be attending a high-adventure program, including one of the national high-adventure bases, please refer to the supplemental information on the following pages or the form provided by your patient.



Examiner: Please fill in the following information:

		Yes	No	Explain							
Medical restrictions to participate		<input type="checkbox"/>	<input type="checkbox"/>								
Yes	No	Allergies or Reactions		Explain		Yes	No	Allergies or Reactions		Explain	
<input type="checkbox"/>	<input type="checkbox"/>	Medication				<input type="checkbox"/>	<input type="checkbox"/>	Plants			
<input type="checkbox"/>	<input type="checkbox"/>	Food				<input type="checkbox"/>	<input type="checkbox"/>	Insect bites/stings			
Height (inches): _____ Weight (lbs.): _____ BMI: _____ Blood Pressure: _____ / _____ Pulse: _____											

	Normal	Abnormal	Explain Abnormalities
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	
Ears/nose / throat	<input type="checkbox"/>	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	
Genitalia/hernia	<input type="checkbox"/>	<input type="checkbox"/>	
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

Examiner's Certification

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant (with noted restrictions):

True	False	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Meets height/weight requirements.
<input type="checkbox"/>	<input type="checkbox"/>	Does not have uncontrolled heart disease, asthma, or hypertension.
<input type="checkbox"/>	<input type="checkbox"/>	Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician.
<input type="checkbox"/>	<input type="checkbox"/>	Has no uncontrolled psychiatric disorders.
<input type="checkbox"/>	<input type="checkbox"/>	Has had no seizures in the last year.
<input type="checkbox"/>	<input type="checkbox"/>	Does not have poorly controlled diabetes.
<input type="checkbox"/>	<input type="checkbox"/>	If less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures.
<input type="checkbox"/>	<input type="checkbox"/>	For high-adventure participants, I have reviewed with them the important supplemental risk advisory provided.

Examiner's Signature: _____ Date: _____
 _____ Provider printed name: _____
 _____ Address: _____
 _____ City: _____
 _____ State: _____ ZIP code: _____

 Office phone: _____

Height/Weight Restrictions

If you exceed the maximum weight for height as explained in the following chart and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

Height (inches)	Max. Weight
60	166
61	172
62	178
63	183
64	189

Height (inches)	Max. Weight
65	195
66	201
67	207
68	214
69	220

Height (inches)	Max. Weight
70	226
71	233
72	239
73	246
74	252

Height (inches)	Max. Weight
75	260
76	267
77	274
78	281
79 and over	295

Maximum weight for height:

| |

Acknowledgment of Course Code of Conduct Free from Discrimination and Harassment

I understand that:

1. Everyone has the right to live and study in an environment free from discrimination or harassment based on race, color, ethnicity, religion, gender, sexual orientation, age, disability, national origin, or citizenship.
2. It is my responsibility not to engage in behaviors that constitute discrimination or harassment.
3. It is my responsibility to report instances of discrimination or harassment (directed at me or another participant) to my NYLT Course Director or any adult on my NYLT course.

Comments and conduct that might be perceived as offensive include:

1. Using vulgar language.
2. Threatening another participant or staff member or making derogatory comments.
3. Mocking or telling jokes based on race, color, ethnicity, religion, gender, sexual orientation, age, disability, national origin, or citizenship.
4. Displaying degrading photographs, posters, or objects.
5. Reading out loud about degrading acts.
6. Touching (e.g., brushing, patting, hugging, rubbing, pinching) other staff members or participants.
7. Staring or leering at participants or staff members.

I acknowledge that I have read and understand this statement.

Print Name

Signature



2024 Picture Order Form

We will be having a professional photographer taking patrol and troop pictures of your Scout prior to their Outpost Experience. We are offering these as an optional additional item for purchase. Payment can be made via cash or check. If by check, please make check payable to "NNJC NYLT".

Participant Name: _____

Patrol Picture

Dimensions

5" x 7" Price:

\$5.00 Quantity: _____

8" x 10" Price:

\$9.00 Quantity: _____

Troop Picture

Dimensions

5" x 7" Price:

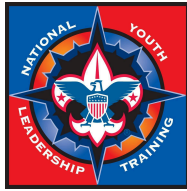
\$5.00 Quantity: _____

8" x 10" Price:

\$9.00 Quantity: _____

Total \$ _____

Cash _____ Check _____



NNJC Course

Packing List



High Priority

- D BSA Medical form - parts A, B & C along with required attachments
 - D Medicine(s) **if applicable**
- D Acknowledgement of Course Code of Conduct form
- D Patrol Picture Order form (+ payment)

Campsite

- D Tent
- D Ground cloth/tarp
- D Sleeping bag
- D Mat
- D Pillow
- D Camp Chair

Tools

- D Day pack
- D First-aid kit
- D Scout handbook
- D Pocketknife or multitool
- D Matches
- D Flashlight/headlamp
- D Extra batteries
- D Watch
- D Camera
- D Notebook
- D Pen or pencil
- D Eating Utensils
- D Mess kit
- D Reusable Cup or insulated mug
- D Reusable water bottle

Clothing

- D Essentials (underwear, pj's sweatshirt)
- D Hiking boots
- D Rain gear
- D **Full** Class A uniform which includes Shirt, shorts/pants, belt, neckerchief, and socks
 - **NOTE: You must wear your Full Class A uniform to flags and all meals;** otherwise, you will be expected to wear your NYLT issued Class B

Toiletries

- D Toothbrush
- D Toothpaste
- D Dental floss
- D Deodorant
- D Shampoo/conditioner
- D Soap
- D Comb/brush
- D Hand sanitizer
- D Towel
- D Washcloth

- D Shower shoes
- D Toilet paper
- D Insect repellent
- D Sun protection: might include sunblock, sunglasses, lip balm and a wide-brimmed hat.