Scouting America

CASCADE PACIFIC COUNCIL

2026

NATIONAL YOUTH LEADERSHIP TRAINING (NYLT)

AT CAMP BALDWIN

PARTICIPANT GUIDE

Course 2	**Aug 9-14**	**Director: David Martin**	cpc.nylt.2026.1@gmail.com

Remember the only bad questions are the ones not asked.

CONTENTS

Dear NYLT Participants,

Welcome to the National Youth Leadership Training (NYLT) program! We are thrilled to have you join us for this exciting & transformative leadership experience.

NYLT is designed to provide Scouts like you with the **skills**, **knowledge**, & **confidence** to become **effective leaders** in your **unit**, **school**, & **community**. Throughout this program, you will engage in a series of challenging & rewarding activities that will help you develop key leadership skills, such as communication, goal setting, team building, & problem-solving.

Our dedicated team of trained staff & mentors are committed to ensuring the safety & wellbeing of all Staff & Participants alike. We will be supporting you every step of the way as you embark on this leadership journey. We believe that with the right **guidance** & a **growth mindset**, you can unlock your **full leadership potential** & **make a positive impact** on those around you.

Although the NYLT course can be rigorous & tough at times, we encourage you to approach this experience with an **open mind**, a **willingness to learn**, & a **spirit of collaboration**. **Together, we will work towards building a community of empowered & responsible leaders who are prepared to lead with integrity & purpose.**

PRIOR TO COURSE

Complete the following:

- □ **NLYT Readiness Questionnaire:** To help us better prepare for supporting your Scout through their NYLT experience, we have prepared a secure online questionnaire. Alongside the participant, please answer the NYLT questionnaire with details that will help us guide them to a successful week of leadership training. This form can be found on pages 5-6.

- □ **Medical Form:** All participants are required to bring a Medical Form with **part A**, **B1**, **B2**, & **C**; completed prior to arrival. **Part C** requires a visit to a healthcare professional, where they will fill out this last page. This form can be found on pages 8-11.

- □ **Photocopy of front & back of medical insurance card.**

- □ **Dietary Restrictions** along with reactions/reasons are submitted in a special needs request within your online registration. This form is found on pages 14-15.

- □ **All prescription & over-the-counter medications** to be distributed on course must be in their **original containers.** *Please bring all medication in original containers in a zip lock bag with the participant's name written on it and include information from the containers on the MEDICATION DISTRIBUTION FORM found on page 16, which you will email in precourse.*

- □ **Code of Conduct** - fill out & sign by both **parent** & **participant. Found on page 17.**

- □ **NYLT Permission Form** - fill out & sign by both **parent** & **Scoutmaster/ Advisor**. Found on page 18

- □ **Parent Questionnaire - These are additional questions for the parent.** Found on page 19.

Please email copies of the dietary restrictions, readiness questionnaire and parent questionnaire these to cpc.nylt.2026.1@gmail.com as soon as possible, so we can be best prepared. Please bring to course printed (and signed if needed) copies of the medical form, medical distribution form, code of conduct and permission form. And for your preparation, we have included:

- □ Packing List - Check to make sure you have not forgotten anything. Found on page 20.
- □ Personal Vision Project Patch - How you can earn a patch by completing your Personal Vision Project.

Found on Page 21.

ARRIVAL / CHECK-IN

Please arrive on your designated **Sunday at 1:00 pm** at **Camp Baldwin** in the Upper Parking Lot. The Camp Baldwin address is: 76201 Dufur Valley Rd, Dufur, OR 97021.

Upon arrival, participants are expected to be wearing their official **Scouts BSA Field Uniform** (Class A).

- □ Before arriving to camp:
  - Insure that the completed and properly signed documents have been emailed to the course director: NYLT Readiness Questionnaire and the Parent Questionnaire
  - You have completed copies of: Annual medical forms (A, B1, B2, & C), Dietary Restrictions page, the Medication Distribution Form, the Code of Conduct; the NYLT Permission Form,
- □ Please have the following handy:
- □ All prescription medications in a zip loc bag with the participant's name written on it.
- □ $10 per guest for the Closing NYLT Feast (the Scout is already covered.)

ON COURSE

Completing the NYLT course requires participants to attend the entire week.

- Participants will be assigned to a patrol upon arrival. For the most productive & beneficial outcome, Scouts from the same unit, related to, or friends with each other need to be assigned to different patrols.
- Keep in mind that behavior expectations are **HIGHER** for an NYLT course than a normal summer camp.
- **Emergency telephone calls** to 503-851-4131 (Please do not call unless it is a true emergency.)

FOLLOWING COURSE

Please join us Friday evening for Patrol Presentations & Closing Ceremony starting at 4 PM

- Please arrive at 3:30pm on Friday to give you ample time to
- Upon arrival, park in the upper parking lot & walk down to the program center to check-in. Then you will be directed where to go. **Please wear appropriate walking shoes.**
- Parents, guardians, & family members *(NO PETS)* are welcome, & encouraged, to attend.
- RSVP to the Course Director if how many would like to attend the completion dinner that evening starting at 4:00pm. The cost is $10 per guest. To lessen the challenges on Friday, we ask this be paid at check-in.
- **Participants are expected to leave no later than 7:00pm.**

Yours in Scouting,
Butch Istook
NYLT Course Advisor, Cascade Pacific Council, BSA
butch.istook@gmail.com

NYLT MEDICAL PROCEDURES

Every precaution is taken to ensure a healthy & safe experience for all participants attending Cascade Pacific Council NYLT. All camps operate a well-equipped health lodge that is administered by a qualified camp health officer for any accidents or medical problems that may arise. In the event of a medical emergency. The camp health officer is available 24 hours a day. Special arrangements have been made with local hospitals for the treatment of more serious cases. If such treatment is required, every effort will be made to notify the NYLT participant's parents/guardians.

In the unlikely event of a very serious injury or illness requiring immediate specialized medical attention, the care of your youth will be turned over to the local emergency medical service that may require the use of ground or air ambulance service at their discretion.

Youth and leaders needing additional medical attention on or off property will be billed (by the medical office or hospital) for services rendered at their expense. All expenses associated with this additional treatment become the responsibility of the youth's parents/guardians, preferably handled through their personal health insurance or supplemental unit accident insurance. All medical services provided by the camp health officer are at no cost.

MEDICAL FORMS

All participants are required to turn in a Medical Form with **part A**, **B1**, **B2**, & **C**; completed prior to arrival.

MEDICATIONS AT NYLT

- If the Participant requires **PRESCRIPTION or OVER-THE-COUNTER MEDICATION** during Course, please fill out the **MEDICATION DISTRIBUTION FORM** on the next page, & bring it to course check in.
- Medications are checked in as part of the check-in process to the camp health officer who will oversee the medication distribution for the Course.
- The medications will be secured in a secure storage container with lock, and managed by our course health officer, under the direction of the camp health officer.
- A log will be used to track medication distribution during the week.
- The log will be turned into the camp health officer at the end of the camp session.
- Our NYLT adult staff will provide medications to the participants according to the details provided.
- **Medications that may be needed for an EMERGENCY or on an URGENT BASIS shall be carried by the youth participant. The youth participant must notify an adult leader immediately upon self-administering the emergency medication.**

SPECIAL NEEDS

Please provide any health, mobility, disability, or special dietary needs through within the registration process for NYLT. The Council will make every reasonable effort to accommodate special needs. It is the responsibility of the Parent / Guardian to make sure the participant has everything they need for the duration of the NYLT course. The contact person on the form may be contacted if camp staff have any questions.

2026 NYLT Readiness Questionnaire
Course 2: 8/9 - 8/14

Participating in NYLT requires additional preparation than that of regular Summer Camp with your own Unit. The Course Staff may or may not know the participants prior to check-in. We acknowledge and welcome the idea that every Scout is an individual with their own unique history and experience. This course is designed for the participants to experience all four stages of leadership development: Forming, Storming, Norming, & Performing. It can and will be pretty stressful at times. A participant's past experiences, traumas, and mental health can cause the stress to become more difficult. Thus, we want to ensure that each participant is adequately prepared, and that we have all the tools we need to support each Scout on their road to success.

Participant's Registered Name:		**Preferred First Name:**	
Parent/Guardian Name:		**Contact Email:**	
Contact Phone #			

Does the above participant: (*Check all that apply.*)

- **Have food allergies or sensitivities?**

Yes ☐ **No** ☐

(If yes, list foods and reactions below)

Food	Is Cross-Contamination an issue? *(Can the food be served to the rest of their patrol?)*	Reaction	Meds & procedure(s)

- **Struggle with PTSD, worry, anxiety, stress, feeling down, sad, depressed, specific fears or phobias, specific traumatic triggers or a psychological condition?**

Yes ☐ **No** ☐

If yes, please explain

- **Experienced anxiety, homesickness, or other challenges at camp before?**

Yes ☐ **No** ☐

If yes, please explain

- **Have any mobility challenges?**

Yes ☐ **No** ☐

If yes, please explain

- **Use a CPAP or other equipment for personal care.**

Yes ☐ **No** ☐

If yes, please explain

- **Have a medical condition(s) requiring daily prescription(s) or over the counter medicine(s)?**

Yes ☐ **No** ☐

If yes, please fill out the last page.

Emotional, Social, & Psychological Support Needs

NYLT can be a challenging program for any participant. It will cause stressful situations, by taking them out of their comfort zone. Please help us understand any emotional support needs the Scout might have so that we will be able to help them overcome and grow in these strategic challenges by providing us with some information below.

Please describe in more detail mental health concerns that your child has had in the past or is currently experiencing. There are many other conditions or support your Scout may need. This includes diagnosed or undiagnosed anxiety, depression, Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD) ”

Part A: Informed Consent, Release Agreement, and Authorization

A

Full name: _____

Date of birth: _____

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.

Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a]) My signature below on this form indicates my permission.

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

☐ **Checking this box indicates you DO NOT want your child to use a BB device.**

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 Scout Ranch, Philmont Training Center, Northern Tier, 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)

Complete this section for youth participants only:

Adults Authorized to Take Youth to and From Events:

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

Name: _____ Name: _____

Phone: _____ Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____ Name: _____

Phone: _____ Phone: _____

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Part B1: General Information/Health History

B1

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Age: _____ Height (inches): _____ Weight (lbs.): _____ ☐ Male ☐ Female

Address: _____

City: _____ State: _____ ZIP code: _____ Phone: _____

Unit leader: _____ Unit leader's mobile #: _____

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
☐	☐	Diabetes	**Last HbA1c percentage and date:** **Insulin pump: Yes** ☐ **No** ☐
☐	☐	Hypertension (high blood pressure)	
☐	☐	Adult or congenital heart disease/heart attack/chest pain (angina)/ heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
☐	☐	Family history of heart disease or any sudden heart-related death of a family member before age 50.	
☐	☐	Stroke/TIA	
☐	☐	Asthma/reactive airway disease	**Last attack date:**
☐	☐	Lung/respiratory disease	
☐	☐	COPD	
☐	☐	Ear/eyes/nose/sinus problems	
☐	☐	Muscular/skeletal condition/muscle or bone issues	
☐	☐	Head injury/concussion/TBI	
☐	☐	Altitude sickness	
☐	☐	Psychiatric/psychological or emotional difficulties	
☐	☐	Neurological/behavioral disorders	
☐	☐	Blood disorders/sickle cell disease	
☐	☐	Fainting spells and dizziness	
☐	☐	Kidney disease	
☐	☐	Seizures or epilepsy	**Last seizure date:**
☐	☐	Abdominal/stomach/digestive problems	
☐	☐	Thyroid disease	
☐	☐	Skin issues	
☐	☐	Obstructive sleep apnea/sleep disorders	**CPAP: Yes** ☐ **No** ☐
☐	☐	List all surgeries and hospitalizations	**Last surgery date:**
☐	☐	List any other medical conditions not covered above	

Part B2: General Information/Health History

B2

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Allergies/Medications

DO YOU USE AN EPINEPHRINE AUTOINJECTOR (e.g. EpiPen)? ☐ YES ☐ NO **Exp. date (if yes)** _____

DO YOU USE AN ASTHMA RESCUE INHALER? ☐ YES ☐ NO **Exp. date (if yes)** _____

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

Yes	No	Allergies or Reactions	Explain
☐	☐	Medication	
☐	☐	Food	

Yes	No	Allergies or Reactions	Explain
☐	☐	Plants	
☐	☐	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 list 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.

Immunizations

The following immunizations are recommended. 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.

Y	N	Had Disease	Immunization	Date(s)
☐	☐		Tetanus	
☐	☐		Pertussis	
☐	☐		Diphtheria	
☐	☐		Measles/mumps/rubella	
☐	☐		Polio	
☐	☐		Chicken Pox	
☐	☐		Hepatitis A	
☐	☐		Hepatitis B	
☐	☐		Meningitis	
☐	☐		Influenza	
☐	☐		Other (i.e. HIB)	
☐	☐		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: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

You are being asked to certify that this individual has no contraindication for participation in 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. You can also visit scouting.org/health-and-safety/ahmr to view this information online.

Please fill in the following information:

	Yes	No	Explain
Medical restrictions to participate	☐	☐	

Yes	No	Allergies or Reactions	Explain
☐	☐	Medication	
☐	☐	Food	

Yes	No	Allergies or Reactions	Explain
☐	☐	Plants	
☐	☐	Insect bites/stings	

Height (inches)	Weight (lbs.)	BMI	Blood Pressure	Pulse
			/	

	Normal	Abnormal	Explain Abnormalities
Eyes	☐	☐	
Ears/nose/throat	☐	☐	
Lungs	☐	☐	
Heart	☐	☐	
Abdomen	☐	☐	
Genitalia/hernia	☐	☐	
Musculoskeletal	☐	☐	
Neurological	☐	☐	
Skin issues	☐	☐	
Other	☐	☐	

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
☐	☐	Meets height/weight requirements. (See table below.)
☐	☐	Has no uncontrolled heart disease, lung disease, or hypertension.
☐	☐	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.
☐	☐	Has no uncontrolled psychiatric disorders.
☐	☐	Has had no seizures in the last year.
☐	☐	Does not have poorly controlled diabetes.
☐	☐	If planning to scuba dive, does not have diabetes, asthma, or seizures.

Examiner's signature: _____ **Date:** _____

Examiner's 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.

Maximum weight for height:

Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight
60	166	65	195	70	226	75	260
61	172	66	201	71	233	76	267
62	178	67	207	72	239	77	274
63	183	68	214	73	246	78	281
64	189	69	220	74	252	79 and over	295

High-Adventure Risk Advisory to Health-Care Providers and Parents

Philmont Scout Ranch

Phone: 575-376-2281 **Website: www.philmontscoutranch.org**

Philmont Scout Ranch Experience. The Philmont experience is not risk-free. Staff will instruct participants in safety measures. Be prepared to listen to and follow these measures. Accept responsibility for the health and safety of yourself and others. Each participant must be able to carry 25 to 35 percent of their body weight while hiking 5 to 12 miles per day in an isolated mountain wilderness ranging from 6,500 to 12,500 feet in elevation over trails that are steep and rocky. Summer/autumn climate includes temperatures from 30 to 100 degrees, low humidity (10 to 30 percent), and frequent, sometimes severe, thunderstorms. Winter climatic conditions can range from –20 to 60 degrees. During a Winter Adventure experience, each person will walk, ski, or snowshoe along snow-covered trails pulling loaded toboggans or sleds for up to 3 miles—or even more on a cross-country ski trek.

Risk Advisory. Philmont has an excellent health and safety record and strives to minimize risks to participants by emphasizing appropriate safety precautions. Because most participants are prepared, are conscious of risks, and take safety precautions, they do not experience injuries. If you decide to attend Philmont, you should be physically fit, have proper clothing and equipment, be willing to follow instructions, work as a team with your crew, and take responsibility for your own health and safety.

Philmont staff members are trained in first aid, CPR, and accident prevention. They can assist the adult advisor in recognizing, reacting to, and responding to accidents, injuries, and illnesses. Each crew is required to have at least two members trained in wilderness first aid and CPR. Response times can be affected by location, terrain, weather, or other emergencies and could be delayed for hours or even days in a wilderness setting.

All Philmont participants should understand potential health risks inherent at or above 6,700 feet in elevation in a dry Southwest environment. High elevation; a physically demanding high-adventure program in remote mountainous areas; camping while being exposed to occasional severe weather conditions such as lightning, hail, flash floods, and heat; and other potential problems, including injuries from tripping and falling, falls from horses, heat exhaustion, and motor vehicle accidents, can worsen underlying medical conditions. Native wild animals such as bears, rattlesnakes, and mountain lions usually present little danger if proper precautions are taken.

Guests attending Philmont Training Center conferences and family programs who are unfamiliar with the backcountry should review the supplemental information available on the Philmont website, especially information about activities that may be new to them.

Please call Philmont at 575-376-2281 if you have any questions. All participants and guests should review all materials and websites related to the experiences they are planning to have at Philmont Scout Ranch.

Food. If the diet described in the participant guide does not meet the participant's special dietary needs, contact Philmont directly. Visit the Philmont Scout Ranch website for sample menus and more information.

Medication. Each participant who needs medication must bring enough medicine for the duration of the trip. Consider bringing two or three supplies of vital medication. People with allergies that have resulted in severe reactions or anaphylaxis must bring an EpiPen that has not expired.

Immunizations. Each participant must have received a tetanus immunization within the last 10 years. Recognition will be given to the rights of those Scouts and Scouters who do not have immunizations because of philosophical, political, or religious beliefs. In such a situation, the Immunization Exemption Request form is required; it is located on the Philmont website.

High Blood Pressure. Upon arrival at Philmont, all adult participants will have their blood pressure checked. Participants should have a blood pressure less than 140/90. People with hypertension (greater than 140/90) should be treated and controlled before attending Philmont, and should continue on medications while participating. The goal of treatment should be to lower the blood pressure to normal levels. Those individuals with a blood pressure consistently greater than 160/100 at Philmont may be kept off the trail until their blood pressure decreases.

Seizures (Epilepsy). The seizure disorder must be well-controlled by medication. A well-controlled disorder is one in which a year has passed without a seizure. Exceptions to this guideline may be considered on an individual basis, and will be based on the specific type of seizure and likely risks to the individual/other members of the crew.

Diabetes Mellitus. Both the person with diabetes and one other person in the group need to be able to recognize signs of excessively high or low blood sugar. An insulin-dependent person who was diagnosed or who has had a change in delivery system (e.g., insulin pump) in the last six months is advised not to participate. A person with diabetes who has had frequent hospitalizations or who has had problems with low blood sugar should not participate until better control of the diabetes has been achieved. If an individual has been hospitalized for diabetes-related illnesses within the past year, the individual must obtain permission to participate by contacting the **Philmont Health Lodge at 575-376-2281.**

Asthma. Asthma must be well-controlled before participating at Philmont. This means: **1)** the use of a rescue inhaler (e.g., albuterol) less than once daily; **2)** no need for a rescue inhaler at night. Well-controlled asthma may include the use of long-acting bronchodilators, inhaled steroids, or oral medications such as Singulair. You may not be allowed to participate if: **1)** you have asthma not controlled by medication; or **2)** you have been hospitalized/gone to the emergency room to treat asthma in the past six months; or **3)** you have needed treatment by oral steroids (prednisone) in the past six months. You must bring an ample supply of your medication and a spare rescue inhaler that are not expired. At least one other member of the crew should know how to use the rescue inhaler. Any person who has needed treatment for asthma in the past three years must carry a rescue inhaler on the trek. If you do not bring a rescue inhaler, you must buy one before you will be allowed to participate.

High-Adventure Risk Advisory to Health-Care Providers and Parents

Philmont Scout Ranch

Phone: 575-376-2281 Website: www.philmontscoutranch.org

Recommendations for Chronic Illnesses.

Adults or youth with any of the following conditions should undergo an evaluation by a physician before considering participation at Philmont.

1. Chest pain, myocardial infarction (heart attack) or family history of heart disease in any person before age 50
2. Heart surgery, including angioplasty (balloon dilation), to treat blocked blood vessels or place stents
3. Stroke or transient ischemic attacks (TIAs)
4. High blood pressure
5. Claudication (leg pain with exercise, caused by hardening of the arteries)
6. Diabetes
7. Smoking or excessive weight

The physical exertion at Philmont may precipitate either a heart attack or stroke in susceptible people. Participants with a history of any of the seven conditions listed above should have a physician-supervised stress test. Even if the stress test results are normal, the results of testing are done at lower elevations, without backpacks, and do not guarantee safety. If the test results are abnormal, the individual is advised not to participate.

Allergy or Anaphylaxis.

People who have had an anaphylactic reaction from any cause must contact Philmont before arrival. If you are allowed to participate, you will be required to have appropriate treatment with you. You and at least one other member of your crew must know how to give the treatment. If you do not bring appropriate treatment with you, you will be required to buy it before you will be allowed to participate.

Recent Musculoskeletal Injuries and Orthopedic Surgery.

Participants will put a great deal of strain on their joints. Individuals who have significant musculoskeletal problems (including back problems) or orthopedic surgery/injuries within the last six months must have a letter of clearance from their treating physician to be considered for approval, and Philmont should be contacted in advance of participation. Permission is not guaranteed. Ingrown toenails are a common problem and must be treated 30 days prior to arrival.

Psychological and Emotional Difficulties.

Parents and advisors should be aware that no high-adventure experience is designed to assist participants in overcoming psychological or emotional problems. Experience demonstrates that these problems frequently become worse, when a participant is under the stress of the physical and mental challenges of a remote wilderness setting. Medication must never be stopped prior to participation and should be continued throughout the entire Philmont experience.

Weight Limits.

Weight limit guidelines (see Part C) are used because overweight individuals are at a greater risk for heart disease, high blood pressure, stroke, altitude illness, sleep problems, and injury. These guidelines are for all Scouting high-adventure activities. Each participant's weight must be less than the maximum acceptable limit in the weight chart. Participants 21 years and older who exceed the maximum acceptable weight limit for their height at the Philmont medical recheck WILL NOT be permitted to backpack or hike at Philmont. They will be sent home. For participants under 21 years of age who exceed the maximum acceptable weight for height, the Philmont staff will use their judgment to determine if the youth can participate. Philmont will consider up to 20 pounds over the maximum acceptable; however, exceptions are not made automatically and discussion with Philmont in advance is required for any exception. **Philmont's telephone number is 575-376-2281.** Due to rescue equipment restrictions and evacuation efforts from remote sites, under no circumstances will any individual weighing more than 295 pounds be permitted to participate in backcountry programs.

Philmont Approval.

Staff and/or staff physicians reserve the right to deny the participation of any individual on the basis of a physical examination and/or medical history. Each participant is subject to a medical recheck at Philmont.

NYLT Dietary Restrictions & Preferences Form

Participant Information

Scout Name: _____

Unit Number: _____

Parent/Guardian Information

Name: _____

Phone Number: _____

Email Address: _____

Dietary Restrictions & Sensitivities (Required)

Please list all medically necessary dietary restrictions, allergies, or sensitivities. These are conditions that may cause illness, discomfort, or adverse reactions if not followed.

Restriction / Sensitivity	**Reaction (What happens if consumed?)**	**Reason (Allergy, medical, religious, etc.)**

Examples of reactions may include: anaphylaxis, rash, digestive issues, headaches, etc.

Food Preferences (Optional)

Preferences are not the same as dietary restrictions. While we will try to consider preferences when possible, they cannot be guaranteed. Restrictions and sensitivities will always take priority.

Please list any food dislikes or preferences:

Additional Notes for Camp Staff

Please include any additional information that would help staff safely support your Scout (e.g., cross-contamination concerns, severity of allergies, required medications such as EpiPens, special instructions, etc.).

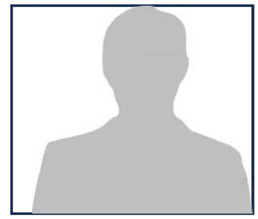
Parent/Guardian Acknowledgment

- I understand that the Council will make every reasonable effort to accommodate special dietary needs.
- I acknowledge that it is my responsibility as a parent/guardian to ensure my Scout comes prepared with any necessary medications, supplements, or specialty food items required for the duration of the NYLT course.
- I understand that incomplete or inaccurate information may limit the ability of camp staff to safely accommodate my Scout.
- I agree that the contact person listed above may be contacted if camp staff have any questions or need clarification regarding my Scout's dietary needs.

Signature: _____
Date: _____

Thank you for helping us provide a safe and supportive camp experience for your Scout.

Scout Name: ____________________ Age: ______ Unit: _______



Patrol: _______________ Height: ____inches Weight: _____lbs.

If the participant needs to have medication (prescription or over-the-counter) while on course, please fill out the "PARTICIPANT NAME", "MEDICATIONS", "TIME OF DAY", & "INSTRUCTIONS" sections of this form. We will add Patrol & use this as a log for each day. Example Instructions: take 1pill every AM, PM, & BED with food.

Medication:		mg/ml:	
Used for:			
Dosage Instructions:			
Other:			

Time(s)	S	M	T	W	T	F	S

Medication:		mg/ml:	
Used for:			
Dosage Instructions:			
Other:			

Time(s)	S	M	T	W	T	F	S

Medication:		mg/ml:	
Used for:			
Dosage Instructions:			
Other:			

Time(s)	S	M	T	W	T	F	S

Medication:		mg/ml:	
Used for:			
Dosage Instructions:			
Other:			

Time(s)	S	M	T	W	T	F	S

Medication:		mg/ml:	
Used for:			
Dosage Instructions:			
Other:			

Time(s)	S	M	T	W	T	F	S

Medication:		mg/ml:	
Used for:			
Dosage Instructions:			
Other:			

Time(s)	S	M	T	W	T	F	S

National Youth Leadership Training
Cascade Pacific Council – Scouting America

P A R T I C I P A N T C O D E O F C O N D U C T

By signing this code of conduct, all participants and their parents agree to the conditions of the statements contained within. It is further understood that serious misconduct or infraction of rules and regulations may prevent you from completing this course and require your parent(s)/guardian to provide transportation home should your participation in the program be terminated. As young men/women, you are responsible for your own behavior.

We are a linked-troop program. Our staff is trained on Scouting America Camp Youth Protection (YPT) and we enforce the YPT rules as defined in the Guide for Safe Scouting and the YPT program; we expect participants to obey these rules as well.

Certain YPT violations will be grounds for removal from the course including all forms of bullying, inappropriate public displays of affection, sexual activity, and inappropriate attire. There is no place for these behaviors in Scouting.

Please help us meet our commitment to keep everyone safe by keeping yourself and others around you safe.

A SCOUT/VENTURER IS . . . .

TRUSTWORTHY – I will arrive at all classes and scheduled programming on-time. I will tell the truth in all situations. I will respect the privacy of others and enter another campsite only when invited. I will inform NYLT staff if I find an item left in a program area.

LOYAL – I will support my patrol leader, youth leader(s), troop guide, and adult leaders. I will wear the Scout/Venture uniform when asked, as a sign of loyalty to Scouting America, and my fellow Scouts/Venturers.

HELPFUL – I will demonstrate that I care about others through my words, actions, and deeds. I will readily and gladly volunteer to help others without expecting payment or reward.

FRIENDLY – Camp brings together people with diverse backgrounds; so, I will be friendly to all.

COURTEOUS – I will treat others with courtesy. I will respect my fellow Scouts/Venturers, and the youth and adult leadership of NYLT. I will always show good manners.

KIND – I will not call fellow Scouts/Ventures, staff members and adult leaders "names." I will treat other persons – and their property – as I would like to be treated. I will be kind to all of nature's creatures, and to our environment.

OBEDIENT – I will obey all appropriate requests made to me by people in leadership roles. I will obey all the rules of the Cascade Pacific Council Camps. I will observe quiet time from taps to reveille.

CHEERFUL – I will be cheerful in all situations.

THRIFTY – I will recycle all appropriate materials. I will make best use of the food and materials entrusted to me.

BRAVE – I will do what is right, regardless of what anyone else may say.

CLEAN – I will keep our campsite and my personal gear clean. I will keep my clothing clean. I will be clean in my speech. I will not use alcohol, tobacco, or illegal drugs.

REVERENT – I will respect the beliefs of others. I will fulfill my personal religious obligations through religious services afforded me.

PARTICIPANT'S NAME: _____

PARTICIPANT'S SIGNATURE: _____ Date: _____

PARENT/GUARDIAN'S SIGNATURE: _____ Date: _____

NATIONAL YOUTH LEADERSHIP TRAINING (NYLT) 2026
PERMISSION FORM

Participant's 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 hereby give consent for the participant named above 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 Scouting America, Cascade Pacific 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 in this packet with Scouting America volunteers and professionals who need to know of medical situations that might require special consideration for safely conducting Scouting activities.

In case of an emergency involving the participant, I understand that every effort will be made to contact the individual(s) listed as the emergency contact persons. If these persons 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 the participant.

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 parent or guardian, and / or determination of the participant's ability to continue in the program activities.

PARENT/GUARDIAN

I, _____, agree to send _____, to NYLT. I also understand that my youth will need to arrive at the designated time and is expected to remain on course for the duration of the program.

If I need to remove my youth, I will make arrangements with the Course Director or designated contact, to avoid course disruptions.

PARENT/GUARDIAN SIGNATURE:_____ DATE:_____

EMAIL ADDRESS (please print clearly):_____

SCOUTMASTER / ADVISOR

I, _____ the Scoutmaster / Advisor of _____ grant approval for them to attend NYLT 2026. I also hereby verify that the recommended youth meets all age, rank, and skill requirements necessary to attend NYLT.

SCOUTMASTER / ADVISOR SIGNATURE:_____ DATE: _____

EMAIL ADDRESS (please print clearly):_____

PHONE # : _____

Signed forms MUST be completed and with the course Scoutmaster prior to the start of course.

Dear Parent,

To help us create the best possible experience for your Scout, we ask that you take a few minutes to answer the following questions. Your insight as a parent or guardian is incredibly valuable—no one knows your Scout better than you do.

Our goal is to ensure every participant feels seen, supported, and set up for success from the moment they arrive at camp. By learning more about your Scout ahead of time, we can spend less time figuring things out during the week and more time focusing on what matters most: building confiden ce, developing leadership skills, and having an amazing, memorable camp experience. Please answer the following questions, sending them in an email to the course director.

1. What is your Scout most looking forward to at NYLT?
2. Are there any specific concerns you or your Scout have shared about attending?
3. How does your Scout typically handle being away from home for extended periods?
4. How does your Scout react to stress, pressure, or being challenged?
5. What are some signs your Scout is feeling overwhelmed or emotionally taxed?
6. Are there any strategies that usually help your Scout calm down, refocus, or feel safe when upset?
7. Are there any health, emotional, or behavioral considerations we should be aware of while they are on course, current or past?
8. Is your Scout currently working through anything at home or school that might impact their energy or mindset?
9. What do you hope your Scout gains or experiences from NYLT?
10. How can we partner with you to best support your Scout throughout this course?

Additionally, we need to have the following three logistics questions answered:

1) Will your Scout be in a Tent or Hammock?

2) Will your Scout prefer an AM or PM Shower? [Because of the number of participants and the tight NYLT schedule, there is only room for 24 participants in the AM Shower slots, and 24 in the PM shower slots. These will be reserved in order of reply until all of the AM or PM slots are filled, then the remaining participants will be automatically slotted to the remaining opening slots, wherever they are.]

3) How many guests are coming to the celebration dinner on July 17th?

Thank you for working with us to create a meaningful and impactful experience for your Scout!

2025 NYLT PARTICIPANT PACKING LIST
CLEARLY MARK ALL ITEMS WITH YOUR NAME

ITEMS TO LEAVE AT HOME

- ⃠ Cell phones (will be confiscated by adult staff)
- ⃠ Electronic Games, Devices, & Radios
- ⃠ Tobacco, Alcohol, & Illegal drugs
- ⃠ Sheath knives
- ⃠ Weapons of any kind (other than a pocket knife)
- ⃠ Fireworks
- ⃠ Bathing Suits, Tank Tops, running shorts, or other Revealing Attire
- ⃠ Candy, food, glass containers

Note: Things do get broken or lost. Please plan accordingly & leave valuable items at home. Participants will be carrying their gear to the campsite from parking lot.

ITEMS TO BRING

Bedding

- [ ] Sleeping bag
- [ ] Sleeping pad & pillow
- [ ] Tent - needed for Outpost overnight!

Clothing - (All clothing that is not BSA has to have no visible Logos or images showing)

- [ ] **FIELD UNIFORM** (class A) **–** Worn Upon Arrival
- [ ] Uniform button-up shirt
- [ ] BSA Belt
- [ ] 1-3 Scouts BSA pants, shorts, skorts
- [ ] **ACTIVITY UNIFORM** shirts (class B) **–** or plain t-shirts
- [ ] 3-5 Scouts BSA camp shirts
- [ ] 1-3 Sweatshirt, Hoodie &/or Jackets (It gets cold at night)
- [ ] 7-9 pairs of Socks & Underwear
- [ ] 1-3 Pajamas
- [ ] 1 pair long-underwear/leggings (for cool nights)
- [ ] 2 pairs Closed-Toed Shoes (Hiking Boots & / or Running Shoes)
- [ ] Rain Gear **–** jacket/shell and pants
- [ ] 1 Cap or Visor (BSA brand or no logo/images visible) (optional)
- [ ] Sunglasses (optional)

Toiletries – (Non-Aerosol Products ONLY)

- [ ] Sandals / flip flops (to be worn only in shower)
- [ ] Large towel
- [ ] Hand Towel / Washcloth
- [ ] Shampoo / Conditioner
- [ ] Soap for body
- [ ] Toothbrush & toothpaste
- [ ] Comb/Brush
- [ ] Lip balm
- [ ] Deodorant
- [ ] Personal Hygiene Products
- [ ] Sunscreen
- [ ] Bug repellent

Ten Essentials (not already covered)

- [ ] Water Bottle!!!!!
- [ ] Headlamp & Extra Batteries
- [ ] Personal First Aid Kit
- [ ] Compass (Map will be provided)

Camp Necessities

- [ ] Backpack (used for Outpost)
- [ ] Camp Chair
- [ ] Wrist WATCH
- [ ] Work gloves
- [ ] Pens & pencils / Spiral Notebook

*NYLT does not include swimming, free time, or visits to the trading post. However, this year, we will have a course Quartermasters Store, thematically named: DinoMart.

+Participants using or possessing un-Scout like materials will be sent home on the spot - help us out by leaving them at home

After Course: Beyond NYLT

As part of the NYLT Curriculum, Scouts create their own Personal Vision Project during course. The Personal Vision Project allows them to put into practice the leadership skills they learn on course. They have the ability to use what they have learned in NYLT to make a real difference in their success as a youth leader. Their vision and goals may concern their troop, crew, or ship (making it better), or themself (becoming a better leader).

Once they return home, they will have the opportunity to meet with their unit leader and review their Personal Vision Project with them. The Scout and unit leader will work together to shape these goals into a clear plan that benefits both the Scout and their unit.

When both feel the Scout has completed the goals agreed upon, the Scout will be recognized in their home unit, receiving a new temporary Council patch that has been designed specifically to show completion of their Personal Vision Project. We are so excited for the Scouts to finally be honored and recognized for completing their project by putting into practice the leadership skills they learn on course.