Approval of Parent or Guardian

I approve the attendance of	Printed Name of Scout
at the 2024 NYLT to be held at the Gorhar	
event that medical treatment is required, I necessary for my Scout. I understand that requires him/her to be removed from the c	in the event that my Scout's behavior
Scout up at my own expense. I will inform pertaining to my Scout.	
Parent/Guardian, please provide the follow	ving:
Name (Printed):	
Signature:	
Date of Signature:	
Phone:	-
Email address:	
2 nd Contact (in case parent/guardian canno	et be reached)
Name (Printed):	
Phone:	



Please email this form to the course director at kevinspr@gmail.com, no later than June 1, 2024