

Approval of Parent or Guardian

I approve the attendance of _____ *Printed Name of Scout* _____
at the 2025 NYLT to be held at the Gorham Scout Ranch, June 8-14, 2025. In the event that medical treatment is required, I authorize any treatment determined to be necessary for my Scout. I understand that in the event that my Scout's behavior requires him/her to be removed from the course, I will be required to pick my Scout up at my own expense. I will inform the NYLT staff of any and all matters pertaining to my Scout.

Parent/Guardian, please provide the following:

Name (Printed): _____

Signature: _____

Date of Signature: _____

Phone: _____

Email address: _____

2nd Contact (in case parent/guardian cannot be reached)

Name (Printed): _____

Phone: _____

Please email this form to the course director at jtruby@swilp.com, no later than **May 15, 2025**