



NATIONAL YOUTH LEADERSHIP TRAINING (NYLT)
Potawatomi Area Council, BSA
JUNE 9-JUNE 14, 2024
PERMISSION FORM & UNIT LEADER INFORMATION

Participant's Name: _____

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 local council. I have carefully considered the risk involved and have given consent for myself or my child to participate in these activities. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by the 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 me or the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider 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 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.

With appreciation of the dangers and risks associated with programs and activities including preparations for and transportation to and from the activity, 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.

NOTE: 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. Inform activity leadership of any restrictions imposed on a child participant in connection with programs or activities below and counsel your child to comply with those restrictions.

By signing below, the participant's parents agree to send the youth above to NYLT. The parents understand that this youth will need to arrive at Camp Long Lake between 1:00 and 2:00 p.m. on Sunday, June 11, 2023. The youth will be free to leave after graduation on Friday, June 16, 2023. The parents understand all fees are subject to the standard Camp Long Lake fee schedule and refund policy.

Parent's Name: _____ Signature: _____

Parent's Email (please print clearly): _____

Unit Leader's Contact Information:

Unit Leader's Name: _____

Unit Leader's Email (please print clearly): _____

Unit Leader's Phone Number: _____