



NATIONAL YOUTH LEADERSHIP TRAINING (NYLT)

Potawatomi Area Council, Scouting America

2025 NYLT STAFF PERMISSION FORM

Staff Member's Name: _____

Your Scout has accepted the invitation to be a member of the NYLT Staff, we need you to understand the commitment they have made to Scouting. **PLEASE** review the dates of both the staff training sessions and the week of the NYLT Course in June. If there is a problem, we need to know about it now. It is not fair to the rest of the staff to have a staff member back out at the last minute, or just not show up.

It is an honor to serve on NYLT staff. It is hard work! It requires preparing lessons, presentations, reading the National Youth Leadership Training Syllabus, and honing skills used within this course. Please read and discuss the guidelines with your Scout. Please take special note of the reference to safe haven and the NYLT Code of Conduct. These guidelines will be strictly enforced.

Please read and sign the permission below. The \$120 for returning staff, \$140 for first year staff, cost to be on staff is to be paid prior to Staff Development #2 (February 21, 2025). No exceptions!

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 Scouting America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

NOTE: Scouting 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.

I give my son/daughter permission to participate as a member of the NYLT staff for the 2025 NYLT Course. My son/daughter and I have read and understand the guidelines, discussed the commitment, and understand the time involved.

Parent's Name: _____

Signature: _____ Date: _____