



## Participant NYLT Personal Resource Questionnaire

**PLEASE COMPLETE this form. It is fillable so it can be done on your computer.**

Complete this PRQ as your application and hand carry your BSA medical Form (A, B, and C). Email the PRQ to [tac.nylt.director@gmail.com](mailto:tac.nylt.director@gmail.com) . Your patrol assignment is based on your replies.

**Form must be received with registration.**

Name _____ M    F    Email _____	
Home # _____	Cell # _____ Troop/Crew # _____ District _____
Current Rank _____	Years in Scouting _____ Age _____ Date of Birth _____
School _____	Grade in Sept. _____ Languages spoken _____
Previous Leadership positions _____	
Camping Experience: <input type="checkbox"/> Weekend Camper <input type="checkbox"/> Summer Camp <input type="checkbox"/> BSA High Adventure Base <input type="checkbox"/> OA	
<input type="checkbox"/> Trail Hiking <input type="checkbox"/> Other _____	
Training Courses: (ie. Wilderness Survival, etc.) _____	
Why did you choose to participate in this experience and what do you expect to gain from it? _____	
The NYLT course involves maturity and a willingness to learn. Scouts need to possess the skills of a First Class Scout and currently or will soon be serving in a leadership position.	
State a fair evaluation of your physical condition _____ Limitations: ( ) Yes    ( ) No	
If "Yes", please explain _____	
List special dietary restrictions _____	

### Scout Skills

Place a checkmark in the box that best represents your ability for each skill. Be as honest and objective as possible. "Has Taught" – means the Scout has the skills to competently teach to others. "Could Teach" – means the Scout has knowledge of the skill but not taught. "Needs Help" – means limited or no knowledge of the skill.

Has Taught	Could Teach	Needs Help	Scout Skill	Has Taught	Could Teach	Needs Help	Scout Skill
			Camping				Nature
			Communications				Orienteering
			CPR				Per. Fitness
			Cooking				Pioneering
			Emer. Prepared.				Safe Swim Def.
			Environ. Science				Safety
			Fire Building				Safety Afloat
			First Aid				Swimming
			Hiking				Weather

**All travel arrangements to and from the event are the participant and their parents responsibility. The staff for this event will not be able to assist with transportation.**

Date received by Course Staff \_\_\_\_\_

Location of Course \_\_\_\_\_

## COURSE FEES

The course fee is \$300.00 up to 1 June. The fee is \$325.00 **after** 1 June. Payment will be made on the online registration page that the council has set up for the course. With payment of the course fees, each participant will receive a cap, neckerchief, two course patches. These items will be issued in July at the course.

Yes! I would like to order \_\_\_\_ extra NYLT t-shirts @ \$20.00 each.

Yes! I would like to order \_\_\_\_ extra course patches @ \$5.00 each.

## REFUND POLICY

The entire course fee is refundable *if requested in writing more than 60 days before the event*. Refunds requested 60 days or less prior to the event generally will not be granted because expenditures have been made for program supplies.

### PARTICIPANT STATEMENT

**(Mandatory)** Why do you want to be a leader in your Unit?

Printed Name

Signature

Date:     /     /

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## APPROVALS

**Talent Release:** Promotional videotaping or photography may be in progress at any time at an event. Your entrance to National Youth Leadership Training constitutes your agreement that the Transatlantic Council (TAC) has the right to use and publish the photographs/film/ videotapes/ electronic representations and/or sound recordings made of you or your child at NYLT, and releases the Boy Scouts of America, TAC, the activity coordinators, employees, volunteers, related parties, or other organizations associated with TAC from any and all liability from such use and publication. TAC may reproduce, 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 you waive any right to any compensation for any of the foregoing.

Parent

(Signature)

(Printed)

Email:

Phone #'s:

### SCOUTMASTER/ADVISOR/SKIPPER CERTIFICATION

**Mandatory:** Intro to Leadership Skills for Troops/Crews/Ships (ILST/C/S) Completed:  YES  NO |Date:

Unit Leader

(Signature)

(Printed)

Address

City

State

Zip

Phone No. H:

W:

C:

E-Mail Address:

**The Scoutmaster / Advisor / Skipper must submit this application to: [andrewwright675@btinternet.com](mailto:andrewwright675@btinternet.com)**