



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 Scouting America medical Form (A, B, and C).
Email the PRQ to andrewwright675@btinternet.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: ☐ Weekend Camper ☐ Summer Camp ☐ BSA High Adventure Base ☐ OA
☐ Trail Hiking ☐ 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: / /

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 Scouting 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 Scouting America, 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