

## Parents/Guardians Permission Slip (Under Age 18)

\_\_\_\_\_ (Scout Name) has my permission to participate in NYLT2023, Far East Council from June 24th to 29th 2024 (Participant) / June 19th to 29th 2024 (YouthStaff) .

I know of no health or fitness restriction(s) that preclude participation. In the event of illness or injury occurring to my son or daughter while involved in this activity, I consent to my child having emergency medical care under the supervision of a member of the medical staff of the hospital furnishing medical services. I acknowledge that the NYLT staff will contact me in the event of such incident.

I acknowledge that a Youth Protection Violation or major infraction of the Code of Conduct in the Participant Questionnaire Form will result in dismissal of my Scout from NYLT and that I will be responsible for all transportation costs for my Scout to return from the course earlier than expected.

I have read through all the information of Registration Package and agree to submit the documents my son or daughter needs.

### Scout Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Unit No. \_\_\_\_\_

BSA ID \_\_\_\_\_ Sex Male / Female

Parents/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Please upload this form during the checkout process or email to [nylt@fareastcouncil.org](mailto:nylt@fareastcouncil.org).