

Parents/Guardians Permission Slip (Under Age 18)

_____ (Scout Name) has my permission to participate in NYLT2025, Far East Council from July 12h to 19th 2025 (Participant) / July 9th to 19th 2025 (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.