**National Youth Leadership Training Scouts, BSA**

**June 3 – 8, 2019**

**Camp Pupukea**

YOUTH NAME: Unit

***Unit Leaders: Your personal recommendation is the most important criteria for registration!***

By signing this form, you are confirming that this Scout has the maturity and readiness to undertake this course.

**Minimum age requirements for Scouts BSA members (male and female)**: **must be at least 14, or 13 and have completed the eighth grade by May 25, 2019**. Boys registered in Scouts BSA will still be required to earn at least **First Class rank** before attending NYLT.  They must have completed Introduction to Leadership Skills (ILST) for Troops. **For 2019 only, an exception will be granted for girls registered in Scouts BSA to attend NYLT without first achieving the First Class rank**.

What do you hope this Youth will gain from attending the National Youth Leadership Training Conference?

Unit Leader’s Name: Address: City \_State Zip

Telephone \_Email

**Unit Leader Approval:** I have reviewed and certify that the applicant’s information is complete and accurate. I recommend this youth for participation in NYLT and understand that no requirements will be waived.

Further, I will do my best to support the application and development of the leadership concepts taught in the

NYLT within our troop or crew.

Unit Leader’s Signature Printed Name Date

**NOTE TO UNIT LEADERS: Unit leaders are invited to join us for closing festivities and dinner June 9th at 7:00 PM.**

**Please inform participant if you and/or another adult leader are planning to attend.**

**Participant Signature:** On my honor as a Scout, I certify that the information on this application is correct and agree to meet all requirements and expectations as a participant to the best of my ability.

Scout’s/Venturer’s Signature Date

**Parental Approval:** I certify that the information on this application is correct and approve my son’s/ daughter’s participation in NYLT. I understand that photographs may be taken for use in promotional materials, including websites and brochures. Participants will NOT be identified in those photographs.

Parent’s/Guardian’s Signature Printed Name Date

**Each participant must bring a copy of their current BSA Health and Medical Form**

**(Parts A - C).**

Aloha Council, BSA Attn: NYLT

42 Puiwa Road, Honolulu, HI 96817