

NATIONAL YOUTH LEADERSHIP TRAINING 2023

Dear NYLT Potential Participant,

Congratulations on being nominated and selected by your Scout Unit to attend National Youth Leadership Training (NYLT)! **Our courses fill quickly, and you are NOT guaranteed placement in a course by filling out the form and paying a deposit or full amount; all applications will be reviewed by the Course Directors.** In anticipation that your application is accepted, this packet provides details for the week which you have requested to be registered, required paperwork, when you should check in, and pick-up/departure information.

During your NYLT course, you will have a chance to learn new Scout skills that you can use in your own unit. Since you are a leader in your unit, you naturally want to know how to do your leadership position better. Learning the skills of leadership is an important part of this training. You and other leaders from units all over the San Diego-Imperial Council will be camping and working together as members of a team through the patrol method. A knowledgeable staff has been recruited and has been training for months to facilitate this youth-led training.

The course fee covers: the cost of all meals, two NYLT t-shirts, camp equipment and NYLT program and training materials. Upon your successful completion of the course, we are certain you will agree the value was well worth the cost. Bring your Scout spirit, positive attitude, and full scout field uniform for the BSA program in which you are registered. You will not be disappointed!

The course will be busy with lots of learning and activities. For this reason, we cannot have visitors during the week. An emergency telephone number for camp is provided but must be used for emergencies only.

You probably want to know what else to bring. Attached is a list of the equipment you should bring with you to the course. If you have any problem with acquiring any of this, check with your Unit Leader for help. Let us know if you have any unresolved equipment problems prior to the start of the course. **PLEASE DO NOT BRING ELECTRONICS!** You will not be permitted to keep them in on your person, use them during the week or be able to charge them.

Additionally, we have attached (or linked to) forms to be completed and returned.

1. **Medical Forms: Annual Health and Medical Record form, [Parts A, B & C](#)** must be completed and returned prior to your arrival at camp. ***Participants cannot be accepted on the course without signed medical forms from medical professional – No Exceptions.***
2. **Medication Form:** List of any medications to be administered while on course (amount/frequency/time of day)
3. **Personal Resource Questionnaire:** Each Scout (not parents please) should complete and return the Personal Resource Questionnaire (PRQ). This is especially important information to us, and it should be brought to the pre-course meeting (see attached flyer for pre-course meeting date).
4. **Code of Conduct:** Each participant must sign this from agreeing to behavior standards for the course. A parent is also required to sign this form.
5. **Participation Agreement:** Agreement for participation in the course requires signatures from participant, parent, **and unit leader.**

Mandatory Pre-Course Meeting: Attending the pre-course meeting by **youth and parent(s) is mandatory**. Please see the attached flyer for the meeting associated with your course. If you absolutely cannot attend the pre-course meeting, please contact your Course Director immediately to make arrangements for the collection of forms and the dissemination of important information; you will need to send the above forms to council (scanned and emailed is preferred except the medical forms). Scouts will not be allowed to attend the course without their completed forms.

We are very excited about your course and hope you are too! We believe it will prove to be a most fulfilling, enriching, and exciting training experience for you. We are confident you will find yourself better qualified, better prepared, and more motivated to serve in your current and future Scouting leadership positions. We also believe the National Youth Leadership Training will not only benefit your Scouting activities but will have a positive effect on your personal life as well.

If there are any questions after reading the information provided, please contact any of us at the numbers below, or email us anytime. Yours in Scouting,

Amy Tadlock
Course Director Week 1

Bryan Bagnas
Course Director Week 2

NATIONAL YOUTH LEADERSHIP TRAINING 2023

LIST OF ENCLOSURES

☐	ITEM	ACTION TO BE TAKEN
	1. Pre-Course Meeting Flyer	Read this important information about this mandatory meeting for participants and parents regarding the course.
	2. Course Week Information Sheet	Read this for specific information about your registered course week including important check in/departure information.
	3. Instructions and Helpful Hints for Participants.	Read this for compliance and useful information.
	4. Personal Equipment Checklist.	Use this to help determine what to bring to the course (and what NOT to bring).
	5. Map to Mataguay Scout Ranch.	Use this map to help you drive to Mataguay.
	6. Map of Mataguay Scout Ranch	Use this map to help get around the Mataguay Camp.
	7. Participant Medication Form signed by parent	Complete and email or mail to the San Diego-Imperial Council (address below). List all medications and submit with medications at check in (bagged and labeled).
	8. Personal Resource Questionnaire (PRQ)	Complete and email or mail to the San Diego-Imperial Council (address below)
	9. Code of Conduct signed by participant and a parent	Complete and email or mail to the San Diego-Imperial Council (address below)
	10. Participation Agreement signed by participant, parent, and unit leader	Complete and mail to the San Diego-Imperial Council (address below) or email to Course Scoutmaster
	11. Annual Health and Medical Form KEEP A COPY FOR YOUR RECORDS IN CASE IT IS LOST IN THE MAIL!	Complete and mail, we must have prior to start of course , San Diego-Imperial Council (address below). Parts A, B and C are required. Please note that Part C requires the signature of a medical professional. Participants will not be accepted on the course without valid medical forms – No Exceptions.

Completed Forms

Email to nylt@sdicbsa.org or mail as soon as possible to the Council Office.

Mailing Address for Forms and Payments

San Diego-Imperial Council
ATTN: NYLT Registrar Session (1 or 2)
1207 Upas Street
San Diego, CA 92103

Payment Information: Total course cost is \$300. A non-refundable deposit of \$75 is due upon sign up. Full payment is due by May 1st, 2023. **No refunds after May 1st (we must purchase supplies).** **Written cancellations received on or before May 1st can receive a partial refund of up to \$225.**

Please notify us immediately if you must cancel, this may enable a Scout from our waiting list to attend!

NATIONAL YOUTH LEADERSHIP TRAINING 2023

MANDATORY PRE-COURSE MEETING

When: Session 1: Wednesday, May 24, 6:00pm to 8:00pm
Session 2: Saturday, June 10, 6:00pm to 8:00pm

Where: Camp Balboa / Atherton Hall, 1207 Upas St. Located at the north end of Balboa Park

Why: Provide information about the course, answer questions, and submit all paperwork

Who: Participant and at least one parent must attend. Unit Leaders are encouraged to attend.

What: Bring any missing forms not yet mailed:

1. Medical form (Parts A, B and C)
2. Participant Medication List
3. Personal Resource Questionnaire
4. Code of Conduct
5. Participation Agreement

Plenty of Scouting ENTHUSIASM

What to wear: Participants -full and complete Scout field uniform (Wear at arrival for pictures).

Unable to Attend: If you are unable to attend the Pre-Course Meeting for the session you are signed up for, please plan to attend the one for the other session.

Contact info:

Course Directors: nylt@sdicbsa.org

Council office: 619.298.6121

NATIONAL YOUTH LEADERSHIP TRAINING 2023

COURSE WEEK INFORMATION SHEET

COURSE DATES: Week 1: Sunday, June 25 – Friday, June 30
Week 2: Sunday, July 9 – Friday, July 14

LOCATION: Mataguay Scout Ranch, Retreat Center

ARRIVAL: SUNDAY

- Scouts must eat breakfast and lunch prior to course.
- Check-In begins at 12pm. ***DO NOT BE LATE.***
- Scouts arriving before 12:00pm may need to wait until registration is ready.
- All participants must arrive no later than 1:00pm.
- Scouts must wear their Scout field uniform (“Class A”).
- Upon arrival, please park and escort your Scout for Check-In.

Parents/Guardians must be present for the check-in procedure.

DEPARTURE: FRIDAY

- Parents and unit leaders are invited to have dinner with the course and/or attend our closing assembly. Dinner is served at 4:30pm and cost is \$6. A DoubleKnot link for the dinner will be sent out as soon as we have it. Please sign up using that link no later than Wednesday of the course week. All family members and unit leaders are welcome. Closing ceremonies will immediately follow.
- Bring a chair, water bottle and sun protection, as it will likely be HOT.
- Course finishes at 6:30pm. All participants must be picked up by 6:45pm.
- Please be sure your Scout collects their paperwork, medications, and all their gear before departing.
- Participants may not depart prior to completing the checkout procedure.
- Only those listed on the Scout’s Medical Form Part A can pick up Scout. Don’t forget to include parents on the list.

QUESTIONS? Please send an email message to Course Directors or call council office.

CONTACT Info: Course Directors: nylt@sdicbsa.org
Council office: 619.298.6121

NATIONAL YOUTH LEADERSHIP TRAINING 2023

INSTRUCTIONS AND HELPFUL HINTS FOR PARTICIPANTS

COURSE CONTENT

By now, we are certain you have heard many things about National Youth Leadership Training (NYLT). NYLT has no secrets, but many of the activities and events that take place during the course are best experienced without any prior knowledge or anticipation. We are absolutely convinced you will enjoy the course more if you let the course happen naturally instead of attempting to determine an actual schedule of events. You will enjoy the course if you come open-minded, ready to be surprised and delighted. This is a Leadership Course; all course time is pre-planned and there are no optional activities. We will keep you busy with games, activities and discussion sessions. Note taking is encouraged and essential to help you solidify the concepts in your mind and to enable you to use these concepts to improve your own unit after the course. This is a Youth Training, **not a Summer Camp** – Scouts will not have any opportunity to work on rank requirements or merit badges.

PHYSICAL FITNESS

The six-day course requires a lot of physical activity. There are no running or endurance tests, but a lot of walking, standing, and long hours. The [BSA medical form \(Parts A, B & C\)](#) must be completed and turned in as soon as possible. We will need to know if you intend to bring it with you to camp instead of mailing or most preferably delivering it at the pre-course meeting. Please don't put it off! We do require it before the start of course, and a last-minute medical appointment may be impossible to schedule.

Scouts will not be allowed to attend the course without properly completed medical forms. If you attend camp regularly, you might already have a valid Scout medical form that you can provide, and you will only need to update the information, which must include, **Parts A through C. Please make sure both the parent and doctor sign your form within one year of June 30, 2023, for week 1 and July 14, 2023, for week 2. Please keep a copy for your files in case it is lost in the delivery/ mailing!**

GETTING TO KNOW YOU

Your initial online registration provided us with some personal data concerning you, but we would like to know more about your personal and Scouting accomplishments, outdoor experiences, and expectations for this course. Please complete and return the enclosed Personal Resource Questionnaire.

TRAVEL AND ARRIVAL

Scouts should plan on arriving at Mataguay Scout Ranch on your scheduled course start date at **12:00pm**. All weeks will meet at the upper Retreat Conference Center, which is at the back end of Mataguay, all the way through camp and up the hill to the end of the road (see enclosed map). Continue driving following the NYLT signs to get to the upper Retreat Conference Center. Please drive carefully and slowly through camp, as there will be many people moving around and using the roads. **You must arrive by 1:00pm at the latest!** If you must arrive earlier than 12:00pm, you will be asked to wait until registration begins. When you arrive at Mataguay Scout Ranch, parents, or other responsible adults, must verify with the check-in desk that all required paperwork is in order, and leave any medications (in their original containers) in a marked bag with the medical officer. This will not take a lot of time, but is critical that it be completed correctly. Participants will be sent home unless the required forms are complete. All equipment and uniforms will be required to be carried by each participant, in one trip, to their campsite. Pack carefully! You will need to carry your backpack yourself after your parent(s) or unit leader drops you off. The route to your campsite is not strenuous, but multiple bags make it difficult to carry.

CLOSING CEREMONY AND DEPARTURE

On closing day of the course, if you would like to join us for dinner and/or observe the Closing Ceremonies, you should plan to arrive at 4:30pm for dinner. We will provide you with a doubleknot link to register for dinner at the Participant Orientation Meeting 30 days prior to course. Cost for the dinner is \$6 per guest. Closing ceremonies start immediately following dinner at the same location where participants were dropped off for the assigned course. Parents, family and unit leaders are encouraged to attend. Participants will be released at the conclusion of the course at approximately 6:30pm. **Only adults listed on the Scout's Medical form part A can Pick Up Scout.** PICK UP NO LATER THAN 6:45pm. Please drive carefully and slowly through camp, as there may be many people moving around and using the roads.

NYLT UNIFORMS AND PACKING

The course will be conducted in the official **full and complete Scout field uniform** throughout the week. Keep in mind you will be camping and cooking in the outdoors for six days. The number of uniforms on the enclosed Personal Equipment Checklist is a suggested minimum. Washing machines and drying facilities are **not** available during course. You may choose to wash your clothing by hand but do anticipate weather which may be unsuitable for air-drying and there may not be much time for hand washing clothes. Borrowing uniforms and equipment from friends before your arrival is encouraged. If you are active in your Scout unit, you should already have a full and complete scout uniform and should not have to incur additional cost. Two NYLT course T-shirts will be provided upon arrival at the course.

You will wear the scout uniform of your home unit. Do not remove any insignia from your uniforms. An NYLT neckerchief will be provided. **Please do not bring your unit neckerchief, OA sash, or merit badge sash.** The traditional uniform is the combination of an official khaki Scout shirt or Venturing shirt, official short pants/trousers (the switchback pants with zip off legs are excellent for this type of camp), Scout belt or switchback belt, scout appropriate hat, and official scout socks (though, clean socks are more important than official ones.)

All participants must arrive in field uniform as noted in the Personal Equipment Checklist. Participants must hand carry everything in one trip from the drop-off spot to the NYLT campsite. Although this is not too far, we encourage you to utilize a backpack so that you can easily carry everything you bring in one trip, plus you will be required to backpack to an outpost camp later in the program. Please plan accordingly as trying to carry plastic bags filled with your sleeping bag, pillows and clothing is exceedingly difficult for this training experience. If you do not own a backpack, please check with your unit leader to see if it is possible for you to borrow one.

Sturdy, close-toed shoes are required. We recommend comfortable shoes that can dry out easily after hiking in the rain and mud. Hiking boots are best. Tennis shoes make a good pair of spare shoes. Open-toed sandals are **not allowed** for safety reasons except for use in the shower facilities. Shoes must be worn at all times while in camp.

EQUIPMENT

All necessary patrol equipment will be issued, along with cooking equipment and food. You will need to bring your own tent for sleeping. The NYLT course **does not** provide tents for the participants. We encourage you to bring a two-person tent or smaller as space is limited. You will also be carrying your tent to Outpost Camp (overnight hike). You must bring a suitable sleeping bag; a sleeping pad makes it much more comfortable for the week. You will be provided a small carry bag to carry course material between sessions.

Rain is rare at this time of year at Mataguay, but some courses have experienced several days of rain - as always, be prepared. You should expect hot weather so please bring sunscreen, lip balm, **bug spray and water bottle**. These will be critical items.

DO NOT BRING

You are not allowed to bring or use any form of electronic items such as computers, radios, televisions, portable music devices, or games. Cell phones must be stored in your personal gear for the duration of course. There is no ability to recharge participant cell phones during course. Do not bring any alcohol, marijuana, or illegal drugs. Do not bring food items, as you will be well fed on the course. Food items kept amongst personal gear attract animals and pests and can be a health/safety hazard. Special dietary foods needs must be given to the Quartermaster at the Pre-course Meeting. On course it may be too late to adapt the menu for dietary needs. Please help us to plan ahead. If you are bringing special dietary foods to camp, please label and give them to the Quartermaster upon check-in.

PRESCRIPTION MEDICATION

Please use the enclosed medication form to list each medication you take in detail (name, dose, frequency, time of day). All medications must be in their original packaging and should be brought to course in a re-sealable plastic bag with your name written on it.

Be sure to bring required prescriptions in appropriate quantities in original containers, as listed on your Participant Medication Form. Be certain you place them in a plastic bag and label them with your name. These will be kept by the Health Officer.

PRE-COURSE MEETING

A **MANDATORY** PRE-COURSE MEETING will be held at Atherton Hall, Camp Balboa (1207 Upas St) (see course calendar for dates) from 6:00pm until 8:00pm where additional questions can be addressed (see flyer for details). You will have an opportunity to meet the staff and other participants. At least one parent must be present for this meeting. Your unit leader may want to participate as well to acquaint them with the expectations and goals that you will be setting to help your home unit. Please feel free to invite them to this meeting.

CONTACT INFORMATION WHILE AT CAMP

Scouts should not expect to be able to receive or make telephone calls at camp. Signal is limited and we prefer that Scouts not call home. Often, taking or making calls to from home leads to home sickness. We will pass along emergency messages but do expect delays. Emergency phone numbers are provided below.

Emergency-Only phone numbers:

Week 1 Course Director: Amy Tadlock 619-616-8767

Week 2 Course Director: Bryan Bagnas 619-213-6972

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Personal Equipment Checklist

(Prepare for overnight hike as well as long-term campsite living)

IMPORTANT

- ☐ Forms not yet submitted (Medical, PRQ, etc.)
- ☐ Medications and instructions (bagged and labeled)

CLOTHING

- ☐ *Official BSA short-sleeve shirt (min. 1, 2 suggested)
- ☐ *Official BSA uniform shorts/trousers/switchbacks (min. 1, 2 suggested)
- ☐ *Official BSA socks (any length) (3-6 pairs)
- ☐ *Official BSA belt & buckle (or part of switchback pants already) (1)
- ☐ BSA Activity shirt (2 NYLT t-shirts will be provided)
- ☐ Shoes suitable for hiking (1 pair)
- ☐ Change of shoes, as desired (no open-toed shoes)
- ☐ Raincoat, poncho, or rain suit (1)
- ☐ Sweater, jacket
- ☐ Underclothing
- ☐ Pajamas
- ☐ Knit Cap
- * Required for course - Should be worn at check in.

EQUIPMENT

- ☐ Backpack (suitable for overnight trip, with or without frame)
- ☐ Lightweight two-person tent for base camp & overnight hike
- ☐ Ground cloth (waterproof)
- ☐ Sleeping bag
- ☐ Air mattress or foam pad
- ☐ Backpack stove with fuel (borrow if needed, do not purchase one just for this course as we can share)
- ☐ Mess Kit for Overnight Backpack meals
- ☐ Pillow
- ☐ Day pack (draw string bag provided for notebook)

ESSENTIALS

- ☐ Canteen or water bottle
- ☐ Wristwatch – important & a must! (A cell phone is NOT a watch)
- ☐ Sunglasses
- ☐ Compass
- ☐ Flashlight, w/ spare batteries & bulb
- ☐ Personal first aid kit
- ☐ Ball-point pen, pencil, note taking paper (pens and note paper will be provided)
- ☐ Pocketknife (no fixed blades) (Only if totin' chip earned)
- ☐ Bandana
- ☐ Work gloves

PERSONAL HYGIENE

- ☐ Hand soap and container
- ☐ Mirror (metal)
- ☐ Toothbrush and paste
- ☐ Comb
- ☐ Deodorant
- ☐ Towel – for shower
- ☐ Washcloth
- ☐ Shower clogs/flip flops (indoor use only)
- ☐ Shaving gear
- ☐ Sunscreen
- ☐ Lip Balm/Chapstick
- ☐ Insect repellent
- ☐ Sewing kit

OPTIONAL

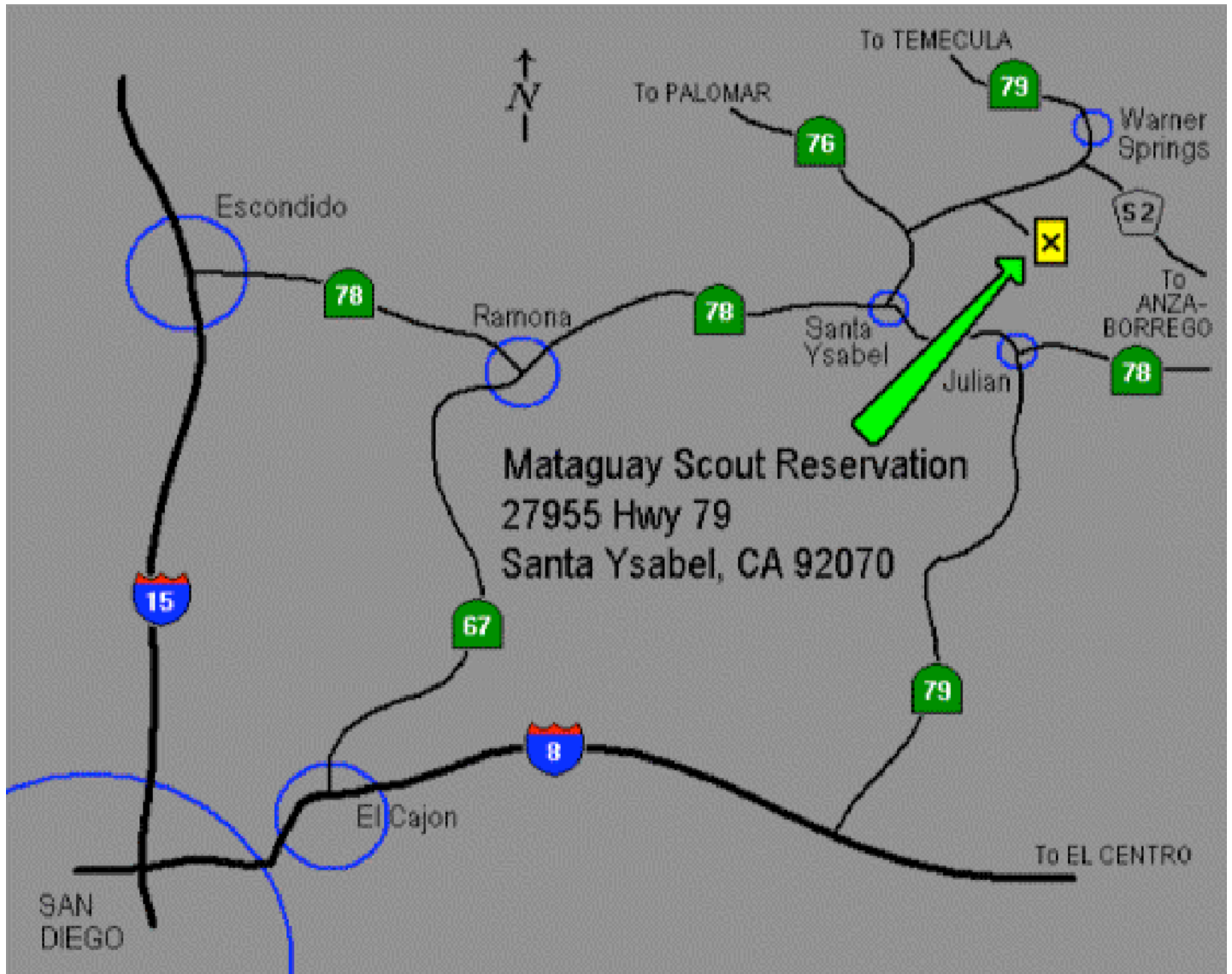
- ☐ Official long-sleeve shirt
- ☐ Camera (Please - no Cell Phone Cameras)
- ☐ Favorite personal Scouting equipment
- ☐ Musical instrument (small only)
- ☐ Folding camp stool
- ☐ BSA Handbook or Field book
- ☐ Religious books

LABEL EVERYTHING WITH YOUR NAME AND UNIT

DO NOT BRING:

Any form of electronic items such as computers, radios, televisions, portable music devices, or games. Cell phones must be stored in your personal gear for the duration of course. There is no ability to recharge participant cell phones during course. Do not bring any alcohol, marijuana, or illegal drugs. Do not bring fireworks, sheath knives or pornography. Do not bring food items, as you will be well fed on the course. **Food is not permitted in tents; the animals will find it!**

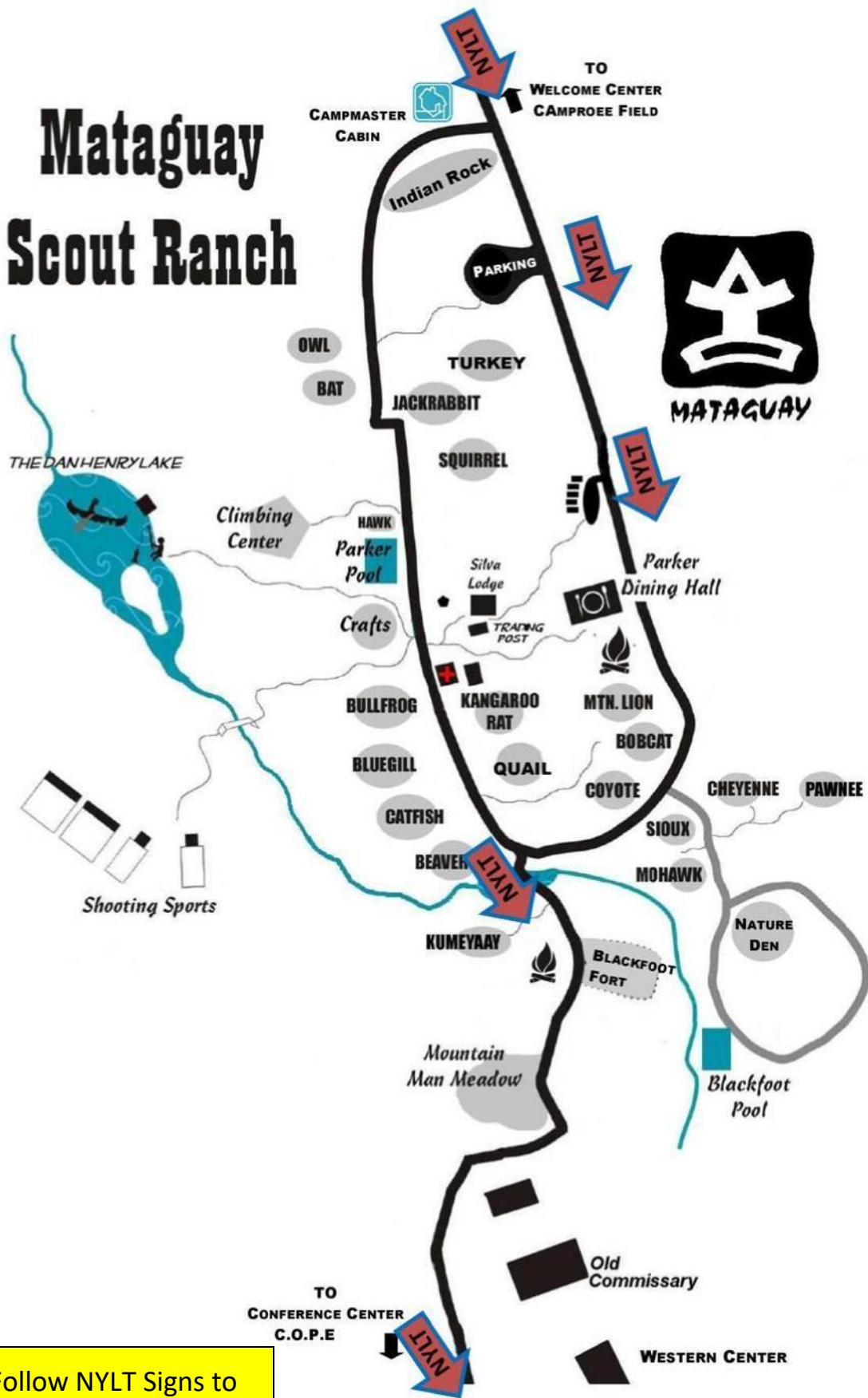
Mataguay Scout Ranch



Directions:

- Take 67 North from El Cajon, or 78 East from Escondido to Ramona.
- From Ramona, take 78 East to Santa Ysabel.
- Take 79 North past the turnoff to 76.
- Watch for small sign “Mataguay Scout Ranch” indicating right turn onto dirt road.
- Follow signs approximately 3 miles to Mataguay entrance.
- Once on site, follow road and “NYLT” signs (refer to camp map).

Mataguay Scout Ranch



Follow NYLT Signs to
Retreat Center

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PARTICIPANT MEDICATIONS FORM

List all medications currently used. Please mark here for "NONE" ☐.

Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

Medication:	Medication:	Medication:
Strength:	Strength:	Strength:
Frequency/Time of Day:	Frequency/Time of Day:	Frequency/Time of Day:
Approximate Date Started:	Approximate Date Started:	Approximate Date Started:
Reason for Medication:	Reason for Medication:	Reason for Medication:
Medication:	Medication:	Medication:
Strength:	Strength:	Strength:
Frequency/Time of Day:	Frequency/Time of Day:	Frequency/Time of Day:
Approximate Date Started:	Approximate Date Started:	Approximate Date Started:
Reason for Medication:	Reason for Medication:	Reason for Medication:
Medication:	Medication:	Medication:
Strength:	Strength:	Strength:
Frequency/Time of Day:	Frequency/Time of Day:	Frequency/Time of Day:
Approximate Date Started:	Approximate Date Started:	Approximate Date Started:
Reason for Medication:	Reason for Medication:	Reason for Medication:

Administration of the above medications is approved by: _____ Date: _____.

Parent/guardian signature (required)

NOTE TO PARENTS REGARDING MEDICATIONS, MEDICAL FORMS and ALLERGIES

- Be sure to bring medications in sufficient quantities and the original containers.
- Make sure that they are NOT expired, including inhalers and EpiPen.
- Participants **SHOULD NOT STOP** taking any maintenance medications.
- Please make sure that you place all medications* in a large Ziploc bag with your youth's name written on the bag. *Inhalers and EpiPens will be always kept in the youth's pocket.
- Place a note in the bag with the following information (for each medication):
 - Name of the medication (s) (including inhaler and EpiPen)
 - The proper amount or dose to be taken.
 - Time of day or night the medication needs to be taken.
- The medications will be collected and kept in a safe secure place and monitored by the Adult Health Officer.
- Medications will be given to youth participants each day by the Adult Health Officer, following medical direction as prescribed.
- Every effort will be made to maintain the privacy of youth participants and their medication needs.
- If your youth has any special food requirements or known allergies, please let the Adult Staff members know, so that arrangements can be made prior to the start of the course.
- Please be sure to pick up your youth's medication at the end of the course.
- Please ensure that your youth has had a current physical exam and that you have had the Physician fill out the BSA Annual Health and Medical Record. Sections A, B and C of the form will need to be completed in full and signed by a licensed healthcare practitioner.
- To participate in NYLT, the necessary, current medical forms will need to be on file no later than the first day of the course. Youth showing up to the course without the necessary Medical Forms will be sent home.

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Personal Resource Questionnaire

_____ Patrol (leave blank)

Name: _____

Home address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

School: _____ Grade: _____

Hobbies: _____

Rank: _____ Current Leadership position in troop/crew: _____ Unit #: _____

Non-Scouting Clubs/Org: _____

Birth Date: _____ Religion: _____

Other leadership positions held/how long? _____

Scout training courses attended/when? _____

Vocational interest(s): _____

School or other group offices held: _____

Spare-time jobs held: _____

Outdoor skills most enjoyed: _____

Outdoor skills least enjoyed: _____

Skills you can instruct on: _____

Campfire skills (leading games, songs, skits, etc.): _____

Ways you feel you can help your patrol during this course: _____

How much camping experience do you have? _____

[illegible]

SAN DIEGO-IMPERIAL COUNCIL

2023 NATIONAL YOUTH LEADERSHIP TRAINING

STATEMENT OF UNDERSTANDING AND CODE OF CONDUCT

NYLT participants are selected by their unit based on their character, camping skills, physical and personal fitness, and leadership responsibilities. Therefore, NYLT participants and their parents or guardians are asked to read and sign the Statement of Understanding and Code of Conduct as a condition of participation.

Serious misconduct or infraction of rules may result in expulsion from the NYLT course. Ultimately, each participant is responsible for his/her own behavior, and when necessary a participant will be removed from the course.

All NYLT participants will abide by the Code of Conduct as follows:

1. NYLT adult leaders are responsible for the supervision of all course participants in respect to maintaining discipline, security, safety, and the NYLT Code of Conduct.
2. As a participant, I will use the Scout Oath and Scout Law as my guide throughout the NYLT course.
3. I will set a good example by being neatly dressed and presentable in the proper NYLT course uniform.
4. I will attend all scheduled program events on time and participate as required in cooperation with other NYLT course participants.
5. I will be responsible for keeping my tent and personal gear clean and neat. I will do my share to prevent littering of the camp facility.
6. I understand that the purchase, possession, or consumption of alcoholic beverages, marijuana, or illegal drugs by any NYLT participant is prohibited. Any violation of this code will result in expulsion.
7. Serious and/or repetitive behavior violations, including use of tobacco, stealing, dishonesty, inappropriate language, or discussions, fighting, and disrespect for others will not be tolerated and are grounds for expulsion.
8. I understand that gambling of any form is prohibited.
9. I understand that use of lasers, fireworks, or any use of fire other than for cooking, are prohibited.
10. I will demonstrate respect for NYLT and BSA Camp property, and will be personally responsible for any loss, breakage, or vandalism as a result of misuse of camp facilities or equipment.
11. NYLT staff will not be responsible for loss, breakage, or theft of participant personal items. Personal items should be labeled, and items of value left at home.
12. While participating in NYLT course activities, I will obey the safety rules and instructions of all staff members.
13. I understand that firearms are prohibited. Scout approved knives are allowed, but misuse will be cause for expulsion.
14. I understand that hazing, or any action that fails to show respect for an individual, has no place in Scouting, and could be cause for expulsion.
15. I understand the NYLT Health Officer will dispense all medications, unless there is approval and need for urgency in case of an emergency (e.g., life threatening allergy)

I certify that I have read the Statement of Understanding and agree to abide by the conditions of the Code of Conduct as a participant in the NYLT course. I understand that I can be expelled from the course if I do not abide by this Code of Conduct while a participant on the NYLT course.

Scout Printed Name: _____ Date: _____

Signature of Scout: _____ Signature of Parent/Guardian: _____

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PARTICIPATION AGREEMENT
Boy Scouts of America, San Diego-Imperial Council

Please print this form, fill in your name, read each section and acquire all signatures. Submit to the Scout Service Center, Attn: NYLT Session (1 or 2).

Registration is required through doubleknot. Please check the session you registered for online.

☐ Session 1 – Sunday, June 25, 12:00pm – Friday, June 30, 6:30pm

☐ Session 2 – Sunday, July 9, 12:00pm – Friday, July 14, 6:30pm

SCOUT NAME:

SCOUT PARTICIPANT AGREEMENT:

I certify that I have attended at least one long-term BSA camp prior to my NYLT experience completed either Introduction to Leadership Skills for Troops (replaced Troop Leadership Training) or for Venturers - Crew Officer Orientation and Introduction to Leadership Skills for Crews or Ships (replaced Venturing Leadership Skills Course).

While in attendance at NYLT, I promise to live by the Scout Oath and Law/Venturing Oath and the conditions of the NYLT Statement of Understanding and Code of Conduct. I will do my best to ensure that I, and those around me, will have an enjoyable experience at NYLT.

Signature: _____

Date: _____

SCOUT LEADER RECOMMENDATION:

I approve this application. I believe the Scout/Venturer/Sea Scout/Explorer has taken Introduction to Leadership Skills for Troops/Crews/Ships, meets all the requirements for participation, and is, or will be, a leader in his/her unit who will use the lessons of NYLT to improve the Scouting experience of his/her peers.

Scout Leader Name (Printed): _____

Email: _____ Phone: _____

Address: _____ City/Zip Code: _____

Signature: _____ Date: _____

PARENT OR GUARDIAN AGREEMENT:

I approve this application. I believe my Scout/Venturer/Sea Scout/Explorer will be a good citizen while attending NYLT. I understand participants need a full Scout uniform, personal camping equipment and transportation to and from this course. I will collect my Scout/Venturer from camp if he/she is asked to leave the course early due to noncompliance of the NYLT Statement of Understanding and Code of Conduct. No refunds will be issued if my Scout is required to leave the NYLT course early.

Name (printed): _____

Email: _____ Phone: _____

Signature: _____ Date: _____

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, 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 I specifically waive any right to any compensation I may have for any of the foregoing.

Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a]) My signature below on this form indicates my permission.

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

☐ **Checking this box indicates you DO NOT want your child to use a BB device.**



NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.

List participant restrictions, if any:

☐ **None**

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont Scout Ranch, Philmont Training Center, Northern Tier, Sea Base, or the Summit Bechtel Reserve, **I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met.** The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Complete this section for youth participants only:

Adults Authorized to Take Youth to and From Events:

You must designate at least one adult. Please include a phone number.

Name: _____

Name: _____

Phone: _____

Phone: _____

Adults **NOT** Authorized to Take Youth to and From Events:

Name: _____

Name: _____

Phone: _____

Phone: _____



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Part B1: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Phone: _____

Unit leader: _____ Unit leader's mobile #: _____

Council Name/No.: _____ Unit No.: _____

Health/Accident Insurance Company: _____ Policy No.: _____



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.

In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
		Diabetes	Last HbA1c percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (anginal)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
		Family history of heart disease or any sudden heart-related death of a family member before age 50.	
		Stroke/TIA	
		Asthma/reactive airway disease	Last attack date: _____
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion/TBI	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Neurological/behavioral disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures or epilepsy	Last seizure date: _____
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Skin issues	
		Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		List all surgeries and hospitalizations	Last surgery date: _____
		List any other medical conditions not covered above	



Part B2: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Allergies/Medications

DO YOU USE AN EPINEPHRINE
AUTOINJECTOR? Exp. date (if yes) _____ ☐ YES ☐ NO

DO YOU USE AN ASTHMA RESCUE
INHALER? Exp. date (if yes) _____ ☐ YES ☐ NO

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Medication	
<input type="checkbox"/>	<input type="checkbox"/>	Food	

Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

☐ Check here if no medications are routinely taken. ☐ If additional space is needed, please list on a separate sheet and attach.

Medication	Dose	Frequency	Reason

☐ YES ☐ NO Non-prescription medication administration is authorized with these exceptions: _____

Administration of the above medications is approved for youth by:

_____/_____
Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)



Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.

Immunization

The following immunizations are recommended. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polio	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Influenza	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., Hib)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exemption to immunizations (form required)	

Please list any additional information about your medical history:

DO NOT WRITE IN THIS BOX.

Review for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: ☐ Yes ☐ No

Reason: _____

Approved by: _____

Date: _____



Part C: Pre-Participation Physical

This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____



You are being asked to certify that this individual has no contraindication for participation in a Scouting experience. For individuals who will be attending a high-adventure program, including one of the national high-adventure bases, please refer to the supplemental information on the following pages or the form provided by your patient. You can also visit www.scouting.org/health-and-safety/ahmr to view this information online.

Please fill in the following information:

	Yes	No	Explain
Medical restrictions to participate			

Yes	No	Allergies or Reactions	Explain
		Medication	
		Food	

Yes	No	Allergies or Reactions	Explain
		Plants	
		Insect bites/stings	

Height (inches)	Weight (lbs.)	BMI	Blood Pressure	Pulse
			/	

	Normal	Abnormal	Explain Abnormalities
Eyes			
Ears/nose/throat			
Lungs			
Heart			
Abdomen			
Genitalia/hernia			
Musculoskeletal			
Neurological			
Skin issues			
Other			

Examiner's Certification

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant (with noted restrictions):

True	False	Explain
		Meets height/weight requirements.
		Has no uncontrolled heart disease, lung disease, or hypertension.
		Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician.
		Has no uncontrolled psychiatric disorders.
		Has had no seizures in the last year.
		Does not have poorly controlled diabetes.
		If planning to scuba dive, does not have diabetes, asthma, or seizures.

Examiner's signature: _____ Date: _____

Examiner's printed name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Office phone: _____

Height/Weight Restrictions

If you exceed the maximum weight for height as explained in the following chart and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

Maximum weight for height:

Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight
60	166	65	195	70	226	75	260
61	172	66	201	71	233	76	267
62	178	67	207	72	239	77	274
63	183	68	214	73	246	78	281
64	189	69	220	74	252	79 and over	295



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San Diego - Imperial Council NYLT

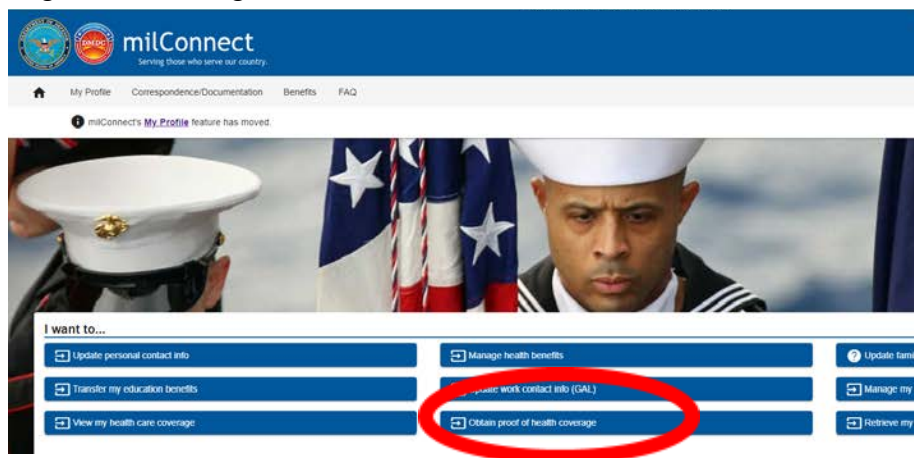
Military Proof of Health Insurance

Thank you for registering for NYLT! We are excited to have your youth on course. In order to meet the BSA requirements for camp, we are asking for proof of health insurance. While military members use their ID card when they visit the doctor, San Diego - Imperial Council cannot make a copy of your ID card and a military ID card does not guarantee that a dependent is insured. We are requesting a "Proof of Health Coverage" letter that is available online to print. Please follow the instructions below.

Method 1: Active Duty / Retired Military Sponsor

Visit <https://milconnect.dmdc.osd.mil/milconnect/milconnect/>

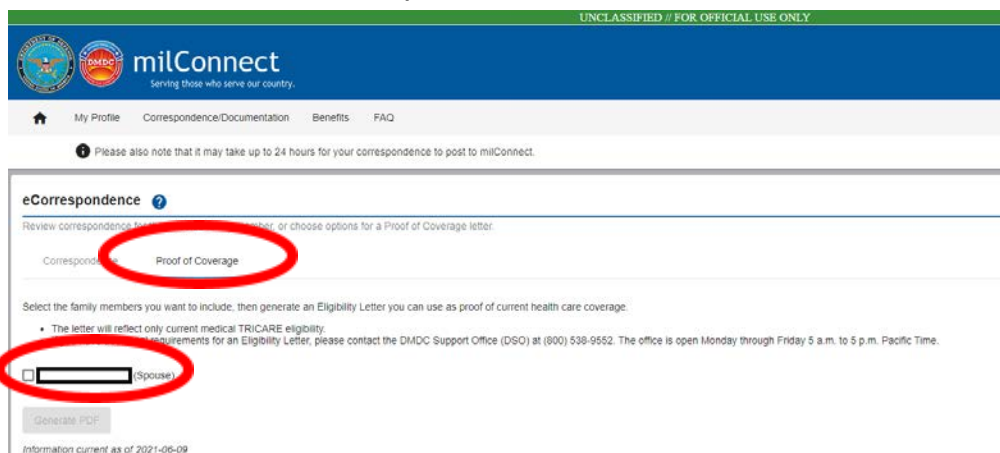
Login via DS Login, CAC, or DFAS



Select "Obtain proof of health coverage"

Select "Proof of Coverage" and youth's name from the list

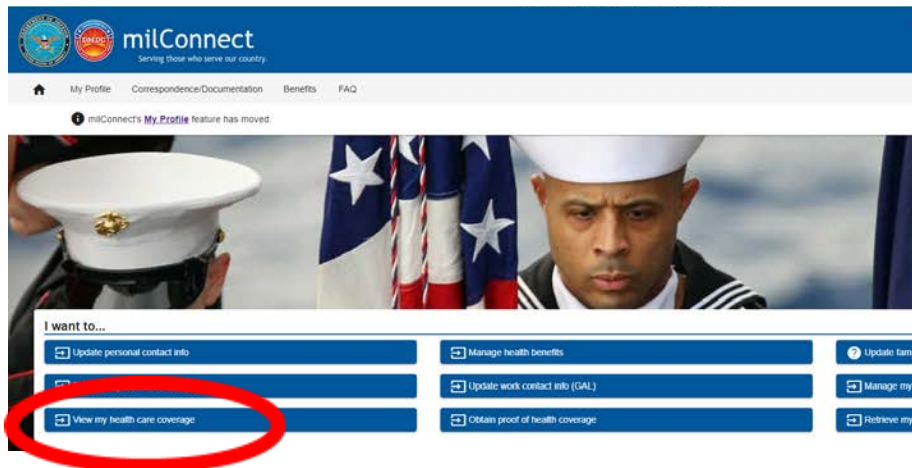
Click on Generate PDF and print



Method 2: Spouse (not the sponsor)

Visit <https://milconnect.dmdc.osd.mil/milconnect/milconnect/>

Login via DS Login - you can create a spouse account (this takes about 20 minutes, you will need your military ID to complete the account registration)



Select “View my health care coverage”

Select youth’s name from the list and print screen

The image shows the Beneficiary Web Enrollment (BWE) page. At the top is the navigation bar. Below it is the 'Beneficiary Web Enrollment (BWE)' section. A message states 'The current date is NOT in Open Season.' Below this is a section titled 'Family Members' (circled in red) with a list of family members: 'Spouse', 'Child', 'Child', 'Child', and 'Child'. Each name has a checkbox next to it. Below the list are buttons: 'Start Medical Enrollment', 'Start Plan Change', and 'Medical Decroll'. To the right of the 'Family Members' section is the 'Medical Enrollment (Current)' section. It contains fields for 'Enrollment Period', 'Selected Plan', 'TRICARE Administrator', and 'Administrator Phone'. Below this is the 'Primary Care Manager (PCM)' section with fields for 'Provider Type', 'Selected PCM', 'Provider Phone', and 'Provider Effective Date'. At the bottom is the 'Payment Details' section with fields for 'Paid Through Date' and 'Last Payment Date'. A footer note says 'View, save, or print your TRICARE enrollment cards from the eCorrespondence page.'

Unfortunately spouses can only print a “Proof of Coverage” for themselves. However, if your sponsor is deployed, this second method “View my health care coverage” gives a work-around that shows a dependent’s registration status.

If you need additional help, please call the DMDC/DEERS Support Office (DSO): (800) 538-9552.