CHIPPEWA VALLEY COUNCIL

National Youth Leadership Training
Boy Scouts of America

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Dear Crew Advisor:

DOES YOUR CREW HAVE MEMBERS READY FOR ADVANCED LEADERSHIP TRAINING?

I am pleased to announce the Chippewa Valley Council will be conducting the National Youth Leadership Training (NYLT) Course June 11-17, 2017 at the L.E. Phillips Scout Reservation near Haugen, Wisconsin. The Course is supported by a team of individuals who are committed to providing your Crew member with a high quality leadership training experience that will benefit them, as well as you and your Crew. NYLT provides your Crew Member with the opportunity to learn from his or her peers who are a part of our Council's Troops and Crews and who have demonstrated their ability to teach their skills to others. Team development, planning and communication skills, ethical decision making and effective guidance of and interaction with others are just a few of the skills your Crew member can expect to gain knowledge of and be able to apply to their home setting as well as use in their future achievements in the world.

The Chippewa Valley Council NYLT Course is designed to supplement the Crew Advisor's efforts by teaching advanced skills using resources not normally available to a Crew Advisor. This week long course will offer Scouts and Venturers from across the Council instruction in leadership and will demonstrate specific ways to implement them in your organization. The Venturer will return to their home Crew able to apply his or her new skills in the Crew setting with the assistance of your supervision.

As a part of the commitment to this leadership training Venturers completing the course will be asked to fulfill requirements that extend beyond the course time frame and that allow them to apply the training they receive to their particular setting. Completing this additional work will provide them with other opportunities like being able to apply to the National NYLT Course held each year at Philmont Scout Ranch and the chance to become staff members next year for our local Course.

The application process is simple; Venturers meeting the criteria need to complete the application and turn it in to the Boy Scout Service Center along with the deposit and required information. You, the Crew Advisor, have to endorse the application. All Venturers having completed Crew Officer Orientation, Venturing Leadership Skills or the new Crew Leadership Training Course and who are between the ages of 14 and 21 are eligible. Please feel free to copy the enclosed application and pass it on to any Crew Members who have met the criteria and you feel would benefit from this experience.

When your Crew Member returns to his or her Crew, they will be armed with many new ideas and leadership skills which they are going to be anxious to use and apply. To help you understand these new leadership skills, and their benefit we would like to invite you to observe our Course at any time during the week and will be happy to provide you a chance to meet with your Venturer and his or her Guide to discuss how the week is progressing for them and answer any questions you may have about the Course.

National Youth Leadership Training is a continuation of our commitment to the youth of our communities. The leadership training of NYLT gives youth a better foundation for future life experiences. Training Youth to become leaders is what we as Crew Advisors and Scoutmasters do. Watching them develop into those leaders is our reward. Help us to work together to create tomorrow's leaders.

Yours in Scouting;
Glenn Swanson
Course Director NYLT 2017

CHIPPEWA VALLEY COUNCIL

National Youth Leadership Training
Boy Scouts of America

L.E. PHILLIPS SCOUT RESERVATION NYLT

REGISTRATION June 11-17, 2017 (Venturer)

PLEASE PRINT

NAME: _____ MY FRIENDS CALL ME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE NUMBER: _____ EMERGENCY PHONE NUMBER: _____

DATE OF BIRTH: _____ AGE AT TIME OF COURSE: _____

CREW NO: _____ DISTRICT NAME: _____ YEARS IN SCOUTING: _____

CURRENT LEADERSHIP POSITION: _____ AWARDS ACHIEVED: _____

Course Pledge:
On my honor as a Venturer, I promise that I will live faithfully according to the Venturing Oath and Law during the National Youth Leadership Training Conference and thereafter. I will represent my Crew with honor and do all I can to pass along my new knowledge and skills to my fellow Crew members. I certify I am at least 14 and less than 21 years of age, and have completed Crew Officer Orientation, the Venturing Leadership Skills or the new Crew Leadership Training Courses, and am capable of fulfilling a leadership position.

VENTURER'S SIGNATURE: _____ DATE: _____

Crew Advisor's Certification and Approval

I certify that the above named Crew member is at least 14 and less than 21 years of age, and has completed Crew Officer Orientation, the Venturing Leadership Skills or the new Crew Leadership Training Courses. (There are no exceptions to the age and leadership training achieved guidelines without prior authorization from the Course Director).

SIGNATURE: _____ CREW ADVISOR, CREW _____

Crew Advisor's Printed Name _____

Emergency Phone for the Crew Advisor _____

Fees: **$50.00** Deposit is required to reserve space. Total cost for NYLT Course of **$250.00** due in CVC Scout Office by **May 15, 2017 along with completed application and medical information forms.**
Fees will be refundable prior to May 26, 2017. After this date the Course Director and the Professional Staff Advisor will process refund requests on a case-by-case basis. Refund requests must be submitted in writing.

Your Crew's Gold Card Discount does apply. ***Please complete Both Sides of form!!!***

One activity T-Shirt is included in the Course cost, if you desire additional T-shirts please include $10.00 per additional shirt, please specify the number of additional shirts and include fee with application.

Additional Shirts? (Yes / No) Quantity _____

Size? (Adult): ☐ S ☐ M ☐ L ☐ XL

Special Requirements:

Please fill out the Medication/Allergy Form with any special food requirements, allergies and/or physical limitations that staff should be aware of so we are able to accommodate these needs for the week you are attending Course. Include daytime contact information in case we have questions or concerns about these requirements. This information is in addition to the required medical form information.

KNOWLEDGE OF OUTDOOR SKILLS ASSESSMENT

PLEASE CHECK APPROPRIATE COLUMN				
VENTURER SKILL	**BADGE EARNED**	**NEED HELP**	**KNOW SOME**	**HAVE TAUGHT**
MAP READING				
COMPASS				
ORIENTEERING				
HIKE PROCEDURES				
HIKING				
CAMPING				
BACKPACKING				
FIRST AID				
SAFE SWIM DEFENSE				
KNIFE AND AXE				
FIRE BUILDING				
COOKING				
KNOTS				
LASHINGS				
PIONEERING				
NATURE				
ENVIRONMENT				
PUBLIC SPEAKING				
ASTRONOMY				

NYLT 2017
Medication/Allergy Form

All participants must fill out and turn in this form by May 15, 2017.

Scout's Name: ________________ Medications needed Yes No
If yes, please fill out medication administration section and include all over the counter medications.

Allergy Information:
Medication allergies:____
Describe Reaction(s):____
____

Food/Environmental allergies(Nuts,Bee stings, latex, product specific):
Yes No (If yes, please fill out specific allergy information below. Include Epi-pens on Medication list.)

Physical Limitations/Accommodations needed: Yes No
If yes, Please describe:____

Please List all Medications and their dosage

Medication: Dosage:

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
a.m.							
noon							
p.m.							

Medication: Dosage:

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
a.m.							
noon							
p.m.							

Medication: Dosage:

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
a.m.							
noon							
p.m.							

Please put all medications in a Zip-Lock Bag with Scouts name printed on the bag.

NYLT 2017
Medication/Allergy Form

Environmental and Food Allergy (Please fill out if you marked "yes" above)

Food Allergy: _____
Describe reaction:_____
Foods that contain this ingredient: _____
Treatment if exposed: _____

Will the Scout be providing and preparing his own food replacement items? If so, please list what will need to be stored by the Quartermaster. There will be no food/snack items allowed in tents or stored at the campsites.

_____
_____

Environmental Allergies (Nuts, Bee/bug stings, latex, pollen, etc.): _____
_____
Describe reaction: _____
_____
Treatment if exposed (please list all medications above): _____
_____

Parent Signature _____

Emergency Contact Information: (Please Print)

Parents Name: _____
Day Phone: _____
Cell Phone: _____
Night Phone: _____

Scout Master Name: _____
Scout Master Phone: _____
Scout Master Cell: _____
Assist. SM Name: _____
Assist. SM Phone: _____
Assist: SM Cell: _____

Personal Equipment List NYLT 2017

Suggested Personal Equipment Checklist

Only the official uniform and parts are acceptable. (Be prepared for an overnight hike as well as living in camp.)

Required

_____ **Uniform Shirt (short sleeves 1)**
_____ **Uniform shorts (1 pair)**
_____ **Uniform Stockings (3 pairs)**
_____ **Offical belt and buckle (1)**
_____ **Neckerchief and woggle**
_____ **Sho es suitable for hiking**
_____ Change of shoes, as desired
_____ Raincoat, poncho, or rain suit
_____ Sweatshirt/jacket
_____ Underclothing (3 sets, minimum)
_____ Handkerchiefs (as needed)
_____ Pajamas
_____ Change of clothing, as desired
_____ BSA Approved T-shirts
_____ Work gloves
_____ Towel/Washcloth
_____ Shampoo and Deoderant
_____ Toothbrush and paste
_____ Comb
_____ Hand soap and container

_____ Required/prescribed medication
_____ NYLT Medication Information Sheet
_____ Class 3 Medical Form
_____ Tote-N-Chip Card
_____ **Backpack (with frame, if desired) don't have one borrow one**
_____ Lightweight tent
_____ Plate and bowl
_____ Knife, fork, and spoon
_____ Canteen/ water bottle
_____ Ground cloth (waterproof)
_____ Sleeping bag/blankets
_____ Air mattress or foam pad
_____ Flashlight with spare cells and bulb
_____ Sewing kit/Safety Pins to attach NYLT Shoulder Patch to Uniform
_____ Personal first aid kit
_____ Ballpoint pen, pencil
_____ Scout knife (No sheath knife)
_____ Boy Scout handbook
_____ Compass (official preferred)
_____ Laundry soap (small bottle)

Optional

_____ Sharpening stone
_____ Watch
_____ Sunglasses
_____ Extra prescription eyeglasses
_____ Religious book(s)
_____ Sunburn lotion/lip salve
_____ Mirror (metal)
_____ Camera with extra film
_____ Insect repellent (pump only)
_____ Uniform long-sleeved shirts

_____ GPS
_____ Uniform trousers (1 pair)
_____ Pillow/case
_____ Moccasins or slippers
_____ Personal scouting equipment
_____ Straps and or Fasteners for backback

What not to Bring

_____ No electronics
_____ No Food unless needed for medical condition.

_____ No hats
_____ No neckerchiefs
each Scout will receive a NYLT hat and neckerchief

** Any special dietary requirements need to be cleared wth the NYLT staff prior to attending the course.

Note: Scouts will be in official uniform (the first six items on the required list) upon arrival. A backpack should be used for getting gear from the drop-off point to the campsite. Participants will also need backpacks for the overnight outpost hike. Also, before coming, see that all badges and insignia are properly placed on uniform. **The NYLT Activity T-shirt will be used only on specific days**. ***Scout can wear other BSA activity shirts under their Field Uniform if they choose.***

Part A: Informed Consent, Release Agreement, and Authorization

A

Full name: _____

DOB: _____

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.

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, Philmont Training Center, Northern Tier, Florida 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)

Second parent/guardian signature for youth: _____ Date: _____

(If required; for example, California)

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:

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

Name: _____

Telephone: _____

Name: _____

Telephone: _____

Adults NOT Authorized to Take Youth To and From Events:

Name: _____

Telephone: _____

Name: _____

Telephone: _____

Part B: General Information/Health History

B

Full name: _____

DOB: _____

High-adventure base participants:
Expedition/crew No.: _____
or staff position: _____

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

Address: _____

City: _____ State: _____ ZIP code: _____ Telephone: _____

Unit leader: _____ Mobile phone: _____

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**:
☐	☐	Hypertension (high blood pressure)	
☐	☐	Adult or congenital heart disease/heart attack/chest pain (angina)/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	**Last attack date**:
☐	☐	Lung/respiratory disease	
☐	☐	COPD	
☐	☐	Ear/eyes/nose/sinus problems	
☐	☐	Muscular/skeletal condition/muscle or bone issues	
☐	☐	Head injury/concussion	
☐	☐	Altitude sickness	
☐	☐	Psychiatric/psychological or emotional difficulties	
☐	☐	Behavioral/neurological disorders	
☐	☐	Blood disorders/sickle cell disease	
☐	☐	Fainting spells and dizziness	
☐	☐	Kidney disease	
☐	☐	Seizures	**Last seizure date**:
☐	☐	Abdominal/stomach/digestive problems	
☐	☐	Thyroid disease	
☐	☐	Excessive fatigue	
☐	☐	Obstructive sleep apnea/sleep disorders	**CPAP: Yes** ☐ **No** ☐
☐	☐	List all surgeries and hospitalizations	**Last surgery date**:
☐	☐	List any other medical conditions not covered above	

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Part B: General Information/Health History

B

Full name: _____

DOB: _____

High-adventure base participants:
Expedition/crew No.: _____
or staff position: _____

Allergies/Medications

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

Yes	No	Allergies or Reactions	Explain
☐	☐	Medication	
☐	☐	Food	
☐	☐	Plants	
☐	☐	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 INDICATE 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 by the BSA. 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)
☐	☐	☐	Tetanus	
☐	☐	☐	Pertussis	
☐	☐	☐	Diphtheria	
☐	☐	☐	Measles/mumps/rubella	
☐	☐	☐	Polio	
☐	☐	☐	Chicken Pox	
☐	☐	☐	Hepatitis A	
☐	☐	☐	Hepatitis B	
☐	☐	☐	Meningitis	
☐	☐	☐	Influenza	
☐	☐	☐	Other (i.e., HIB)	
☐	☐	☐	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

C

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

Full name: _____

DOB: _____

High-adventure base participants:
Expedition/crew No.: _____
or staff position: _____

! **You are being asked to certify that this individual has no contraindication for participation inside 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.** !

Examiner: Please fill in the following information:

	Yes	No	Explain
Medical restrictions to participate	☐	☐	

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
☐	☐	Medication		☐	☐	Plants	
☐	☐	Food		☐	☐	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	☐	☐	
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.
☐	☐	Does not have uncontrolled heart disease, asthma, 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 less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures.
☐	☐	**For high-adventure participants, I have reviewed with them the important supplemental risk advisory provided.**

Examiner's Signature: _____ **Date:** _____

Provider 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