

# National Youth Leadership Training

## Personal Resource Questionnaire

PARTICIPANT INFORMATION					
First Name		Last Name			
Date of Birth	Gender	Height	Weight		
Age on June 1		Rank on June 1			
Phone Number		Alternate Phone Number		Email Address	
Street Address		City		State	Zip Code
Unit Type	Unit Number	Council Name		Tshirt Size	
SCOUTING AND OUTDOOR EXPERIENCE					
Years in Scouting		Current Leadership Position		Past Leadership Positions	
Awards		High Adventure Trips		Camping Experience	
Sports		Extracurricular Activities		Other Hobbies/Clubs	
Complete this statement: I would like to attend NYLT because...					
Have You Participated In Your Troop's Junior Leader Training Program?					<input type="radio"/> Yes <input type="radio"/> No
The following skills will be helpful during the week. Please indicate your skill level for each:					
Cooking (over wood fire)	<input type="radio"/> No Experience <input type="radio"/> Beginner <input type="radio"/> Average <input type="radio"/> Advanced				
Lashings	<input type="radio"/> No Experience <input type="radio"/> Beginner <input type="radio"/> Average <input type="radio"/> Advanced				
Totin' Chip	<input type="radio"/> Have Not Earned <input type="radio"/> Earned <input type="radio"/> Missing Corners				
Firem'n Chit	<input type="radio"/> Have Not Earned <input type="radio"/> Earned <input type="radio"/> Missing Corners				
<i>We will be using these skills among others through the week. We will NOT be doing advanced training on these skills.</i>					
PARENT/GUARDIAN AUTHORIZATION					
I approve of the attendance of my son/daughter to the NYLT Conference. I have reviewed and signed the Personal Health and Medical Record. I have reviewed the Parent's Handbook with my Scout.					
Authorization of Parent/Guardian				Date	

**RETURN THIS COMPLETED FORM TO THE COURSE DIRECTOR ASAP**

NYLT, Randy Gilray, 151820 Flameflower Rd, Wausau WI 54401, NYLTsamoset@gmail.com

# National Youth Leadership Training

## Food & Medication Pre-Course Questionnaire

PARTICIPANT INFORMATION			
First Name	Last Name	Gender	
Date of Birth	Age on June 1	Rank on June 1	
Phone Number	Alternate Phone Number	Email Address	
Street Address	City	State	Zip Code
Council Name	Unit Type	Unit Number	
FOOD ALLERGIES			
Food Item or Group	Reaction Level	Notes	
OTHER DIETARY RESTRICTIONS			
Food Item or Group	Explanation (Religious Restrictions, Vegetarian - NOT Dislikes)		
PERSONAL MEDICATION INFORMATION			
Medication Name	Dosage & Frequency	Reason (Condition/Symptom)	

**Please save a copy of this form for your records**

*CONFIDENTIAL DOCUMENT: This form will only be shared with NYLT Medical & Food Directors, and as needed to other course personnel at the discretion of the Course Director*

**RETURN THIS COMPLETED FORM TO THE COURSE DIRECTOR ASAP**

NYLT, Randy Gilray, 151820 Flameflower Rd, Wausau WI 54401, NYLTsamose@gmail.com

# National Youth Leadership Training

## Emergency Contact Information

PARTICIPANT INFORMATION			
First Name	Last Name	Gender	
Date of Birth	Age on June 1	Rank on June 1	
Phone Number	Alternate Phone Number	Email Address	
Street Address	City	State	Zip Code
UNIT INFORMATION			
Council Name	Unit Type	Unit Number	
Chartered To	Unit Meeting Location	Meeting Day & Time	
Unit Leader Name	Phone Number	Email Address	
PARENT/GUARDIAN INFORMATION			
Parent (1) First Name	Last Name	Phone Number	
Alternate Phone Number	Email Address	Indicate Here If Address Is Same As Youth	
Street Address	City	State	Zip Code
Parent (2) First Name	Last Name	Phone Number	
Alternate Phone Number	Email Address	Indicate Here If Address Is Same As Youth	
Street Address	City	State	Zip Code
ALTERNATE EMERGENCY CONTACT			
Name	Relationship	Phone Number	

**RETURN THIS COMPLETED FORM TO THE COURSE DIRECTOR ASAP**

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