



Lincoln Trails Council  
**2017 National Youth Leadership Training  
(NYLT)**

## **Course Application**

**Course dates: April 21 - 23 & April 28 - 30, 2017**  
(6:00pm on Friday - 3:00pm on Sunday)

National Youth Leaders Training is the premier youth leadership development course for the Boy Scouts of America within the Lincoln Trails Council. It brings together youth leaders from all over the council to learn and apply the skills they need to be effective leaders in their teams and units.

This course draws upon the most current leadership models used by corporate America, academic circles, and successful outdoor leadership organizations throughout the country. This exciting and fast-paced training discusses team development and appropriate leadership strategies to enable teams and units to reach their highest performance level.

Come experience the ultimate in youth leadership training.

Complete this application in its entirety, **with your Unit Leader's and Parent/Guardian's approval**, and send it, along with a copy of your current BSA Health Form Part A & B.

The course payment is \$150.00. A deposit of \$75 is due on or before January 31<sup>st</sup> and the balance is due on or before March 31<sup>st</sup>:

Mail this application and your deposit to:

**LINCOLN TRAILS COUNCIL**  
**262 West Prairie Ave.**  
**Decatur, Illinois 62523**

Please make your check payable to **Lincoln Trails Council**, and write **NYLT 2017** in the memo line.

**PERSONAL INFORMATION (PLEASE PRINT LEGIBLY)**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Scout's Email: \_\_\_\_\_

Gender: MALE  FEMALE

Current School: \_\_\_\_\_

Grade: \_\_\_\_\_

Circle T-shirt Size: Adult S, M, L, XL, XXL

Parent's Name: \_\_\_\_\_

Parent's Home Phone Number: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

Parent's Cell Phone Number: \_\_\_\_\_

**SCOUTING INFORMATION**

Home Council: \_\_\_\_\_

Current Scouting Position: \_\_\_\_\_

Have you previously attended Summer Camp or some other long term camp? YES  NO

Troop/Crew Unit Number: \_\_\_\_\_

District: \_\_\_\_\_

Current Scout Rank: \_\_\_\_\_

**MEDICAL INFORMATION (ALL PARTICIPANTS MUST COMPLETE A BSA MEDICAL FORM, (PARTS A & B))**

Physical Limitations? YES  NO

Dietary Restrictions? YES  NO

Please describe:

I understand that by submitting this application and participating on a course, I hereby assign and grant to the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me this date by the Boy Scouts of America, and I hereby release the Boy Scouts of America from any and all liability from such use and publication.

I hereby 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 Boy Scouts of America and I specifically waive any right to any compensation I may have for any of the foregoing.

**UNIT LEADER'S APPROVAL**

*ALL PARTICIPANTS MUST HAVE THEIR UNIT LEADER'S APPROVAL IN ORDER TO ATTEND.*

By affixing my signature, I am confirming that this Scout:

- (1) Has met the course prerequisites.
- (2) Is capable of functioning safely and is self-reliant in an outdoor living environment.
- (3) Is of a maturity level that will be conducive to a positive learning experience.

Unit Leader Name: \_\_\_\_\_

Email: \_\_\_\_\_

Unit Leader's Signature: \_\_\_\_\_

**PARENT/GUARDIAN'S APPROVAL**

*ALL PARTICIPANTS MUST HAVE THEIR PARENT OR GUARDIAN'S APPROVAL*

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Event Code: 6brown