National Youth Leadership Training

National Capital Area Council
Boy Scouts of America
Impeesa

Participant Application

Name: _____

Gender: Male _____ Female_____

Address: _____

_____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Date of Birth: _____

Email: _____

Height: _____ Weight: _____ T-shirt size (adult) M L XL XXL

Home Unit: _____ Years in Scouting: _____

Present Rank: _____ Date Earned: _____

Home Council: _____ District: _____

Name of your Adult Leader: _____

IN CASE OF EMERGENCY

Person to contact in case of emergency if parent or guardian cannot be reached.

_____
Name

_____
Day time phone number

_____
Evening phone number

_____
Relationship to applicant

Adult Leader Telephone (Home)_____ (Work)_____

Adult Leader Address: _____

City: _____ State: _____ Zip: _____

Parent Name: _____ Daytime Phone #: _____

Parent Name: _____ Daytime Phone #: _____

COURSE SELECTION: Enter the preferred date(s) of the course(s) you wish to attend:

First Choice _____ Second Choice _____

I certify that I have now (or will have by June 1st of the year I attend NYLT) met the following qualifications to attend NYLT:

- Attained First Class Rank
- Completed Troop Leader Training
- At least 14 years of age (or have my Scoutmaster's approval to attend)
- Home Scoutmaster Approval

By my signature, I accept the responsibility to live by the Scout Oath and Law while a participant on the course.

_____
Scout Applicant Date

Boy Scout program only

PARENTAL APPROVAL

On behalf of my child and me, I agree to support his participation in Impeesa National Youth Leader Training. I understand the commitment in time and resources to meet the requirements of the course. Further, I certify that information on this application is correct and that the applicant can meet the age, health, and physical fitness requirements of Impeesa and will be examined by a licensed health care practitioner. I authorize use of any photos, taken of myself or my son, during Impeesa to be utilized for National Capital Area Council, BSA promotional materials/website usage as well as local newspaper usage.

_____ _____
Parents or guardian Date Parents or guardian Date

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Special restrictions on activities (dietary, medical): _____ _____

_____ _____ _____

Special Needs (learning disabilities, gifted and talented):

_____ _____

Physical Condition: _____ _____

Scouting Awards Received: _____ _____

Current Leadership Position: _____ _____

Other Leadership Positions Held: _____ _____

_____

Previous Youth Leader Training Attended (Describe): _____

Leadership Training Staff Experience: _____

The achievement in Scouting I am most proud of is:_____

_____

The achievement outside of Scouting I am the most proud of is: _____

_____

School Attending: _____ School Grade (current) _____

Why I decided to participate in Impeesa. _____

_____

UNIT LEADER APPROVAL

I certify my commitment to the applicant's participation in National Youth Leader Training. I understand that this participation includes not only the course itself but active participation of me or another adult in our unit with the applicant at the TVA Workshop session at the end of the course and helping the scout work towards achieving their vision and goals. I will continue to train the applicant as he/she grows in their understanding of leadership wherever the Scouting trail may lead.

Unit Leader Name: _____

Signature: _____DATE: _____