



Name \_\_\_\_\_

*On my honor as a Scout, I promise that I will faithfully live according to the Scout Oath and Scout Law during the National Youth Leadership Training Conference. I will represent my troop/team with honor and do all I can to pass along my new knowledge and skills to my fellow Scouts. I certify I am at least a First Class Scout, 13 years old, and a troop leader (senior patrol leader, assistant senior patrol leader, team captain or capable of filling these positions).*

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Scoutmaster/Team Coach Approval**

Scoutmaster/Coach Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (Printed) \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Other Phone (\_\_\_\_\_) \_\_\_\_\_

This will be our primary means of communication, if listed.

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**Parent/Guardian Approval**

*I approve the attendance of my son, named above, at the 6 day National Youth Leadership Training Conference to be held at Camp Black Mountain. I have reviewed, signed and dated (signature less than 1 year old by course) the Personal Health and Medical Record Form, #34412 or #34414. I hereby give permission to Mount Baker Council, Boy Scouts of America to use photographs of my son for the promotion of training programs. I authorize the distribution to Scouters of media that may contain electronic photos of my child's involvement in Scouting. I understand that the photos may appear on Mount Baker Council Websites, and promotional materials.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (Printed) \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Please add any address, phone or Email information that may be different than applicant's, including work phone number.

\_\_\_\_\_  
\_\_\_\_\_

Person to contact in case of emergency, if parent/guardian cannot be reached

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address & Additional Phone Numbers \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Insurance Information – Troop Policy

Company \_\_\_\_\_ Policy # \_\_\_\_\_

Parent Insurance – List Primary Coverage First

Parent Name	Employer	Insurance Company	Policy #
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