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	

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	

Yes	No	Allergies or Reactions	Explain
☐	☐	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

Special Dietary Needs Form

❑ Youth ❑ Adult

Name _____ Troop # _____ Council _____

Parent/Guardian Contact Name _____

Primary Phone _____ ❑ Home ❑ Work ❑ Cell Alt. Phone _____ ❑ Home ❑ Work ❑ Cell

Email (print clearly) _____

Use this form to notify the staff of any special *dietary* needs, restrictions, or allergies. The NYLT staff will make every reasonable effort to accommodate special needs. Be specific in explaining needs, requirements, or allergies. Attach additional sheets if necessary. This form is *not* for dietary preferences (viz., does not like peas or carrots).

Procedure:

1. Submit this form with other forms due no later than June 11. Mail, email, or fax to the address at the bottom of this page.
2. Bring this to camp with you as well their medical forms.
3. *Very important:* You must still speak with the head cook or his/her designee at each meal to make sure you get what you need. Because you file this form does not guarantee you will receive the correct diet unless the cook meets with you face to face. Please understand that we may have approximately 100 people in camp, so you will still need to speak with the cook or his/her designee. Servers on the food line may not know what the ingredients are.
4. In the event you believe you have received the incorrect type of food, see the cook immediately. If you eat something to which you are allergic, see the medical officer or have someone radio the medical officer immediately.
5. It is the responsibility of those with severe allergies to make sure they *always* carry the proper medication (e.g., epi pen) with them in case of emergency.

Special Dietary Needs—what you can and cannot eat or type of diet needed *(be specific):*

_____

_____

_____

_____

_____

_____

_____

_____

Marin Council, Boy Scouts of America 225 West End Avenue, San Rafael, California 94901
415.454.1081 Fax 415.454.5511 www.boyscouts-marin.org nylt@boyscouts-marin.org

NYLT
PERSONAL RESOURCE QUESTIONNAIRE

Name_____ My friends call me_____

Troop/Crew Unit #:_____ Council_____ City_____

Age:_____ Birthday: ____/____/____ Years in Scouting_____ School Grade next year_____

List leadership positions held with your Unit/School and when: _____

_____

_____

List leadership training classes attended: ☐ Den Chief ☐ Patrol Leader (ILST) ☐ Other (explain) _____

_____

Indicate camping/backpacking experience: _____ nights camped in past year ☐ 50 miler ☐ Philmont

BSA summer camps attended: Name of camp_____ date attended_____

Name of summer camp:_____ date attended_____

PARTICIPANT STATEMENT

Why do you want to be a leader in your unit?

_____

_____

_____

_____

_____

Printed Name_____

Signature_____ Date: _____/_____/_____

NYLT Code of Conduct

Statement of Understanding

All NYLT course staff and participants are selected to represent their local councils based on their qualifications of character, camping skills, physical and personal fitness, and leadership qualities. Therefore, the NYLT course staff, participants, and their parents or guardians are asked to read this Code of Conduct and Statement of Understanding as a condition of participation. It is with the further understanding that serious misconduct or infraction of regulations and rules may result in expulsion from the NYLT course. Ultimately, we want each staff member and participant to be responsible for his or her own behavior, and only when necessary will the procedures be invoked to send a staff member or participant home from the NYLT course.

Code of Conduct

1. All NYLT course adult leaders are responsible for the supervision of all course staff in respect to maintaining discipline, security, safety, and the NYLT course Code of Conduct.
2. I will conduct myself in accordance with the Scout Oath, Venturing Oath, and Scout Law throughout the NYLT course.
3. I will neatly wear the approved NYLT course uniform at all times during the course.
4. I will attend all scheduled programs and participate as directed by the NYLT course staff and participants.
5. I will be responsible for keeping my tent and personal gear labeled, clean and neat. I will conduct myself in accordance with Leave No Trace principals and do my share to prevent littering of Camp Tamarancho.
6. I understand that the purchase, possession, or consumption of alcoholic beverages or illegal drugs by any NYLT course staff and participants will not be tolerated. Any violation of this code will be grounds for expulsion.
7. Serious and/or repetitive behavior violations by youth, including use of tobacco, cheating, stealing, dishonesty, swearing, bullying, fighting, and cursing, will result in expulsion from the NYLT course.
8. I understand that gambling of any form and the use of fireworks is prohibited.
9. I understand that improper use of lasers may result in expulsion from the NYLT course.
10. I will demonstrate respect for NYLT course and Camp Tamarancho property and be personally responsible for any loss, breakage, or vandalism of such property as a result of my actions.
11. Neither NYLT course staff nor the Camp Tamarancho staff, will be responsible for loss, breakage, or theft of personal items. I will label all my personal items and leave items of value at home.
12. While participating in any NYLT course activities, I will obey all the safety rules and instructions of staff members.
13. In accordance with U.S., local and state laws, adult leaders and all youth are prohibited from having firearms and weapons in their possession.
14. Leaders will conduct themselves in accordance with the Scout Oath and Scout Law and will obey all U.S., local, and state laws.
15. All NYLT course staff (adults and youth) must receive Youth Protection training prior to course, and follow such guidelines at all times while on course.
16. Hazing, bullying or any action which fails to show respect for an individual, has no place in Scouting and are grounds for expulsion from the NYLT course.
17. Serious violations of this code may result in expulsion from the NYLT course. All decisions will be final.
18. I understand there is no use for cell phones during the NYLT course and there will be no place to charge them. I will not bring any cell phone or other electronic device to Tamarancho.

I certify that I have read and agree to abide
by the conditions in the Code of Conduct for the NYLT course.

Participant Signature _____

Parent/Guardian Signature _____

Unit Leader Approval

(Scout will not be fully registered until this is received and approved by the course director.)

As unit leader of Troop/Crew_____, I recommend _____ attend NYLT. I understand that this youth leader will learn leadership skills and gain knowledge of team development, leadership styles, managing conflict and planning that will aid my unit. I will give this youth the opportunity to use these skills.

Signed: _____ Phone:_____

Scout will not be fully registered for the course until this document is received and approved by course director.