



Brownsea Participant requirements and expectations:

Participants must be at least 13 years of age, but not yet 18 by June 12, 2009*

- * **Participants can now be Venture Scouts – up to age 21**
- ✓ Participants must be First Class or above in rank.
- ✓ Participants will live by the Scout Oath and Scout Law at all times.
- ✓ Attend Participant/Parent/Scoutmaster pre-conference May 15th at Modesto Service Center. The conference will begin at 10:00 AM, lasting about a hour
- ✓ The Youth Leadership Training begins at **1:00 PM, Sunday June 6, 2010**, at Camp John Mensinger. The course is completed at noon, Saturday, June 12.
- ✓ The cost of training is \$240.00 by May 1, 2010. A \$50.00 deposit is requested by April 1.
- ✓ Provide a copy of *BSA Personal Health and Medical Record – Class 1 & 2.*

Participant Application

Name: _____ Nick Name: _____

Address: _____ T-shirt size: _____

City _____ CA, ZIP _____ Troop #: _____

Phone: _____ Scout's e-mail address: _____

NOTE: If the Scout does not already have an e-mail address, please permit him to establish a website-based one, like yahoo.com or hotmail.com, to enable the Scoutmaster to communicate with your Scout about pre-conference and post-conference activities. If parents wish to be included in such e-mailings, please include that e-mail address too.

Please contact Course Director, Dan Beynon: (209) 581-8316 E-Mail: drbeynon@att.net, with any questions.

Current Age: _____ Date of Birth: _____ Scout Rank: _____

Troop leadership positions you have held: _____

List any special medical or dietary needs: _____

Scout Signature: _____ Date: _____

I approve my son's application to attend the Youth Leadership Training.

Parent's Approval & Signature

Date

Phone #

Parent E-mail _____

Scoutmaster's Approval & Signature

Date

Phone #

Send completed application to:

NYLT 2010, Greater Yosemite Council, 4031 Technology Drive, Modesto, CA 95356.

Council Use Only:	Activity Code: 900107	Date Received:
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AUTHORIZATION AND CONSENT FOR MINOR

Pursuant to California Civil Code Section 25.8, Pursuant to CA Penal Code Section 125.52

The undersigned do hereby authorize the Greater Yosemite Council of the Boy Scouts of America, its employees, agents and volunteers as the agent for the undersigned to consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for: _____ born on _____ which is deemed advisable by and to rendered under the general or special supervision of any physician and surgeon, licensed under the provisions of Medicine Practice Act or of any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, Scout Camp, or elsewhere.

Further, the undersigned consent that the above-named Boy Scout Council, its employees, agents and volunteers may furnish a firearm to the above minor for the purpose of instruction in the safe handling and shooting of firearms and related activities; and that (for older Scouts) the above minor is permitted to participate in High Adventure activities on council camp properties or other properties while on an approved Scouting activity.

This authorization will remain effective while the above minor is enroute to and from or involved or participating in any Boy Scout program or activity or the Greater Yosemite Council unless revoked by the undersigned, in writing, delivered to the aforesaid council in any of its service centers in San Joaquin & Stanislaus Counties.

Name: _____ Address: _____ Pack/Troop: _____
Name of Minor

X _____ Date: _____ Home: (____) _____
Signature of Father or guardian

Business: (____) _____ Mobile: (____) _____

X _____ Date: _____ Home: (____) _____
Signature of Mother or guardian

Business: (____) _____ Mobile: (____) _____

X _____ Witness address: _____
Signature of (Other than parents) Witness

Business: (____) _____ Mobile: (____) _____

TALENT RELEASE

I hereby assign and grant to the Greater Yosemite Council, Boy Scouts of America the right and permission to use and publish the photographs/film/video tapes/electronic representations and/or sound recordings made of my son/daughter on this date by the Greater Yosemite Council, 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/video tapes/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.

Photo Session Dates: May 8 through September 19, 2010

Name: _____

Address: _____

City, State, Zip: _____

Home phone: _____ Work phone: _____ Cell phone: _____

E-Mail: _____

SIGNED PARENT: _____ or

Signed Guardian: _____

(Other than Parent) **Witness:** _____