



Personal Resource Questionnaire



Thank you for registering your Scout for the Samoset NYLT Course. In order to ensure the best possible experience for your scout we would appreciate some of your time in filling out this personal resource questionnaire about your Son or Daughter.

1. Fill out all of the applicable information.

(Do not use your Internet browser or Google Docs to fill out the PDF)

It is preferred to use a separate PDF Viewer to fill out and save a fillable PDF.

2. Please save the completed PDF file to your computer with your Scouts name.

3. Attach the completed form in an Email and send to NYLTsamoset@gmail.com

Thank you again for your time.

The staff looks forward to seeing your Scout during the course.

Sincerely,
NYLT Staff

National Youth Leadership Training

Personal Resource Questionnaire

PARTICIPANT INFORMATION					
First Name		Last Name		Preferred Name	
Date of Birth	Gender	Height	T-shirt Size		
Age on June 1	Rank on June 1	Unit Type	Unit #	Council	
Scouts Ph. No.	Type	Alt. Ph. No.	Type		
Street Address		City		State	Zip Code
Scout's Email Address				Type	

SCOUTING AND OUTDOOR EXPERIENCE		
Years in Scouting	Current Leadership Position	Past Leadership Positions
Awards	High Adventure Trips	Camping Experience
Sports	Extracurricular Activities	Other Hobbies, Clubs or Interests
Complete this statement: I would like to attend NYLT to be a better leader because...		
Have You Participated In Introduction to Leadership Skills for Troops/Crews/Ships? ILST		<input type="radio"/> Yes <input type="radio"/> No
The following skills will be helpful during the week. Please indicate your skill level for each:		
Cooking (over wood fire)	<input type="radio"/> No Experience <input type="radio"/> Beginner <input type="radio"/> Average <input type="radio"/> Advanced	
Lashings	<input type="radio"/> No Experience <input type="radio"/> Beginner <input type="radio"/> Average <input type="radio"/> Advanced	
<i>We will be using these skills among others through the week. We will NOT be doing advanced training on these skills.</i>		

PARENT/GUARDIAN AUTHORIZATION	
I approve of the attendance of my son/daughter to the NYLT Conference. I have reviewed and signed the Personal Health and Medical Record. I have reviewed the Course Information and Guidelines with my Scout.	
Authorization of Parent/Guardian	Date
Phone in case of missing information	

RETURN THIS COMPLETED FORM TO THE COURSE DIRECTOR ASAP
 NYLT, Randy Gilray, 151820 Flameflower Rd., Wausau, WI 54401, NYLTsamoset@gmail.com

National Youth Leadership Training

Emergency Contact Information

PARTICIPANT INFORMATION					
First Name		Last Name		Preferred Name	
Date of Birth	Gender	Height	Scouts Ph. No.	Type	
Street Address		City		State	Zip Code
Scout's Email Address				Type	
Any Information relevant to the health of your Scout not mentioned					

UNIT INFORMATION						
Council Name	Unit Type	Unit No.	Chartered To		Meeting Day	Time AM/PM
Unit Meeting Address		City		State	Zip Code	
Leader First Name	Last Name		Ph. Number	Type	Email Address	

PARENT/GUARDIAN INFORMATION					
Parent (1) First Name		Last Name		Phone Number	Type
Alt. Ph. No.	Type	Email Address			Indicate Here If Address Is Same As Youth
Street Address		City		State	Zip Code
Parent (2) First Name		Last Name		Phone Number	Type
Alt. Ph. No.	Type	Email Address			Indicate Here If Address Is Same As Youth
Street Address		City		State	Zip Code

ALTERNATE EMERGENCY CONTACT			
Name		Relationship	Phone Number

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National Youth Leadership Training

Food & Medication Pre-Course Questionnaire

PARTICIPANT INFORMATION							
First Name		Last Name		Preferred Name	Gender	Birth Date	Age
Ph. Number	Type	Alt. Ph. No.	Type	Email Address			
Street Address			City	State	Zip Code		

FOOD ALLERGIES		
Food Item or Group	Reaction Level	Notes

OTHER DIETARY RESTRICTIONS	
Food Item or Group	Explanation (Religious Restrictions, Vegetarian - NOT Dislikes)

PERSONAL MEDICATION INFORMATION		
Medication Name	Dosage & Frequency	Reason (Condition/Symptom)

Bread and Dairy Preferences (Indicate your scout's preferences so we can minimize wasted food)			
Breakfast drink Orange juice Milk Milk on cereal	Preferred Supper drink Kool-Aid Milk	American Cheese Cheese on Burgers Cheese on subs Cheese on sadwiches Grilled Cheese	Preferred Bread Choices White Bread Wheat Bread Gluten Free Bread

Please save a copy of this form for your records

CONFIDENTIAL DOCUMENT: This form will only be shared with NYLT Medical & Food Directors, and as needed to other course personnel at the discretion of the Course Director

RETURN THIS COMPLETED FORM TO THE COURSE DIRECTOR ASAP

NYLT, Randy Gilray, 151820 Flameflower Rd., Wausau, WI 54401, NYLTsamaset@gmail.com