

YOUTH PERMISSION FORM FOR THE LEAVE NO TRACE TRAINER COURSE

Parental Permission:

I hereby give my permission for my son/daughter/ward, _____
to attend this course.

Parent's Name: _ _ _ _ _

Parent's Signature: _ _ _ _ _ Date _ _ _ _ _

Parent's E-Mail: _ _ _ _ _

Scoutmaster/Crew Advisor Approval:

I, _____, certify that this Scout will be
at least 14 years of age by the first day of the course and is of an appropriate maturity
level to handle the rigors of a 2-day, 2-night, 16-hour course.

Scoutmaster/Crew Adviser Signature _ _ _ _ _ Date _ _ _ _ _

Scoutmaster/Crew Adviser Best Contact Phone _ _ _ _ _

Scoutmaster/Crew Adviser E-mail _ _ _ _ _

*Please complete and email form
at least 5 days prior to course to:
WPC.Service@scouting.org*