



NAYLE FOR THE REGION

Onteora Scout Reservation August 5 – 10, 2012



Youth Attending Camp (please print)

Name: _____
 Address: _____
 Town: _____ ST: ____ Zip _____
 Email: _____
 Date of Birth: _____
 Unit No. (circle one): TROOP CREW unit number _____
 Current Rank: _____
 Council: _____
 T-Shirt Size (circle one) S M L XL Other: _____

Parent or Guardian (please print)

Name: _____
 Address: _____
 Town: _____ ST: ____ Zip _____
 Email: _____
 Home Phone (____) _____
 Parent's Cell Phone: (____) _____
 Unit Leader: _____
 Leader's Cell Phone: (____) _____

I attended (circle one) NYLT NYLT to NAYLE Bridge Dates of Course _____
 Location of Course _____

<p>MEDICAL FORMS (bring to camp) Annual Medical Form – incl. Parts A,B, C and D NYS Medical Form Appendix (download at www.trcbsa.org or www.onteora.org)</p>	<p>Payment for Reservation: please submit the full fee (\$355) Payment will be made with <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD ACCT. NO. _____ <input type="checkbox"/> AmEx <input type="checkbox"/> MC <input type="checkbox"/> Visa Exp. Date _____ CVD _____ Print Name on Account _____ Signature: _____</p>
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Application and Statement of Qualifications by Scout: On my honor as a Scout or Venturer, I promise that I will faithfully live according to the Scout Oath and Law or Venturing Oath and Code during Camp and thereafter. I will represent my unit with honor and take personal responsibility for my application, conduct at camp, and all pre-requisites requiring work prior to camp to be prepared in accordance with official requirements. I acknowledge that I will not have access to personal electronics or cell phones during camp and if I become homesick and disrupt the administration of the course by the staff, I will be discharged at the discretion of the camp director and will not be eligible for a refund of camp fees.

I certify that I meet the minimum requirements for rank and age by July 1.

Signed _____ (Youth's signature) _____ (date)

Approval of Parent or Guardian: I approve the attendance of my child named above at the Northeast Region NAYLE Course and will see that he/she has the necessary equipment and uniforms to meet the requirements for the course. We acknowledge the home unit leader/advisor will be the primary point of contact for all issues regarding personal conduct and unit/district advancement policies. I acknowledge that Scouts who are homesick or behave in a manner that disrupts the administration of the selected course by the staff will be discharged at the discretion of the camp director and will not be eligible for a refund of camp fees.

Signed _____ (Parent's signature) _____ (date)

OFFICE ONLY Date Rec'd _____ Receipt No. _____ Amt. Pd. \$ _____ Acct. 1-6801-28-20