



# 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 \_\_\_\_\_

**MEDICAL FORMS**  
(bring to camp)  
**Annual Medical Form – incl. Parts A, B and C**  
**NYS Medical Form Appendix**  
(download at [www.trcbsa.org](http://www.trcbsa.org) or [www.onteora.org](http://www.onteora.org))

**Payment for Reservation:** please submit the full fee (\$355)  
Payment will be made with  CASH  CHECK  CREDIT CARD  
ACCT. NO. \_\_\_\_\_  
 AmEx  MC  Visa Exp. Date \_\_\_\_\_ CVD \_\_\_\_\_  
Print Name on Account \_\_\_\_\_  
Signature: \_\_\_\_\_

**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