



# NAGATAMEN 2008

## National Youth Leadership Training Simon Kenton Council



Name \_\_\_\_\_ My Friends Call Me \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Age \_\_\_\_\_ Rank \_\_\_\_\_

Troop \_\_\_\_\_ District \_\_\_\_\_ Troop Position \_\_\_\_\_

On my honor as a Scout, I will faithfully live and act the Scout Oath and Law and while I attend NAGATAMEN 2008. I further promise to represent my home Troop with honor and promise to pass along my new skills and knowledge to the other members of my home Troop when I return from NAGATAMEN 2008.

SIGNED \_\_\_\_\_ Date \_\_\_\_\_

SCOUTMASTER'S APPROVAL: \_\_\_\_\_ Troop \_\_\_\_\_

Scoutmaster Email: \_\_\_\_\_

**APPROVAL OF PARENTS OR GUARDIAN:**

- \* I approve of the attendance of my son named above to NAGATAMEN Youth Junior Leader Training Conference 2008 at Camp OYO, June 8 th through 14 th, 2008.
- \* I have reviewed the Medical Form (No. 4412) and signed the Parents Authorization. (A Scout medical is good for three years, **but you must sign your name and date the physical if this is the second or third year of the medical.** Medicals must be good through June 15, 2008.
- \* I have read the Nagatamen Uniforming Policy and Mandatory Personal Equipment List and agree to assure compliance by my son.
- \* I understand that the intent of Nagatamen is to train leaders and not to teach discipline. Attendance at Nagatamen is an honor and a privilege, but not a right. I understand that the Scoutmaster of Nagatamen has the sole discretion to decide whether a Scout must leave camp for the good of the entire group. If my Scout is requested to leave because of discipline issues, I agree that I will pick him up within six hours of the request.

SIGNED \_\_\_\_\_ Relationship to Scout \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Person to contact in case above number cannot be reached for emergency.

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

**(BE SURE TO COMPLETE BACK PAGE ALSO!)**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

May We Send Email and Not Regular Mail To You? \_\_\_\_\_

Scouting Awards (Other Than Rank) \_\_\_\_\_

Have You Attended A Week Long Camp? \_\_\_\_\_

Where? \_\_\_\_\_

How Many Years In Scouting? \_\_\_\_\_

What Training Courses Have You Taken In Scouts and When? \_\_\_\_\_

\_\_\_\_\_

T-Shirt Size (Adult Sizes, Circle One) S M L XL XXL

School/Grade \_\_\_\_\_

Do You Have Any Limitations Healthwise? \_\_\_\_\_

Explain Briefly Why You Want To Attend NAGATAMEN and What You Expect To Gain From your attendance?

\_\_\_\_\_  
\_\_\_\_\_

**Scoutmaster Information:**

Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**BE SURE TO MAIL THIS FORM TO THE ADDRESS BELOW NO LATER THAN May 23, 2008.**

Nagatamen c/o Dale Gelter, Assistant Scoutmaster, Registration  
3545 Edler Street  
Hilliard, Ohio 43026  
614-850-7282