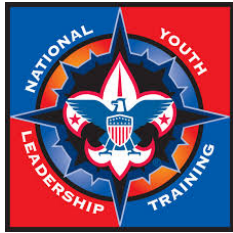


Update: June 11, 2020



TUKABATCHEE AREA COUNCIL, BSA
National Youth Leadership Training (NYLT)

July 19-21, 2020 and July 24-26, 2020

Camp Tukabatchee

Dear Scout;

We are pleased you have shown an interest in participating in the National Youth Leadership Training course. NYLT is an exciting, action-packed, six-day course designed to provide youth members with leadership skills and experience they can use in their home troops and other situations demanding leadership of self and others.

The course centers around the concepts of what a leader must BE, what they must KNOW, and what they must DO. The skills taught come alive during the week as the patrol goes on a Quest for the Meaning of Leadership. Through activities, presentations, challenges, discussions, and audio-visual support, NYLT participants will be engaged in a unified approach to leadership that will give them the skill and confidence to lead well. Through a wide range of activities, games, and adventures, participants will work and play together as they put into action the best Scouting has to offer.

Please read through this package and return the forms and items listed below to the Council Service Center if you are interested in participating.

Return to Council Service Center:

- \$ 200 fee
- Current BSA medical
- NYLT Application
- Statement of COVID-19 guidelines and agreement.
- COVID-19 release.

If you should have any questions, do not hesitate to contact me.

Cathy Miller

Scoutmaster / Course Director

tukabatcheeNYLT2020@gmail.com

Cell (334) 399-5072

NYLT COURSE RULES, POLICIES, and PROCEDURES

- Staff and participants are required to live by the Scout Oath and Law.
- Respect for others is a must; all staff and participants will respect peers and adults.
- The Scoutmaster/Course Director has full authority to dismiss from the course, without recourse or refund, any participant guilty of a violation shown below.
 - Possession of contraband
 - Stealing
 - Violent behaviors, destructive behaviors, or disruptive behaviors
 - Blatant disrespect toward youth staff or adults
 - Degrading remarks, name-calling, or vulgar/foul language or actions
 - Hazing or bullying.
- All youth staff and participants are required to use the buddy-system, making sure that someone knows where they are at all times.
- Any participant taking medications must take these medications to the medic during registration. These medications may be stored in the health lodge and given at the appropriate times by an adult staffer. The participant taking medications is responsible for reminding the adult staff to provide them with their medications.
- Participant eligibility:
 - Must be a registered member of a Scouting unit.
 - Must have a current BSA Health and Medical Record form parts A, and B.
 - Scouts must be 13 years of age and fall within the maximum age allowance for their program registration. They must be a First-Class Scout and have completed Introduction to Leadership Skills for Troops.
 - Venturers and Sea Scouts (male and female) must be at least 14, or 13 and have completed eighth grade, and fall within the maximum age allowance for their program. They must have completed Introduction to Leadership Skills for Crews or Ships. It is recommended that they have had at least one year of camping experience. While NYLT is not an outdoor skills course, it is important that each participant have a basic camping and outdoor cooking experience.
 - Have a unit leader recommendation.
- There are items on the packing list which are designated as mandatory for the course. These items must be brought to the course.

Mandatory Personal Equipment Items

Scouts BSA:

Official BSA Field Uniform Shirt
Official BSA Uniform Shorts
BSA socks (several pairs)
Official BSA Belt

Venturers:

Official Venturing Uniform Shirt
Official Venturing Uniform Shorts
BSA socks (several pairs)
Official BSA Belt

Note: Participants may wear shorts similar in color to the official shorts with an inseam no shorter than 7 inches but not so long as to extend past the knee.

Additional mandatory items

Canteen or water bottle	Flashlight with extra batteries
Towels and washcloths	BSA Handbook
Personal first aid kit	Sleeping bag
Pens and pencils, a small pocket notebook	Watch or clock
Personal hygiene items: shampoo, deodorant, etc.	Compass
Backpack for overnight and daily travel around camp	Small pocketknife
Insect repellent	Sunscreen
Rain gear	Hand sanitizer, 8 oz. minimum.
Hiking shoes, tennis shoes, or sneakers	Underwear
A small tent or hammock with rainfly, straps, and stakes	Mesh laundry bag for dirty clothes
BSA t-shirts	

Optional Personal Equipment

Camp chair for use at the campsite
A light jacket
Scouting books: Patrol Leaders Handbook
Extra eyeglasses / Sunglasses (worn with activity uniform only)
Camera
Pillow/pillowcase
Pocket Money (There will not be a Trading Post for NYLT 2020)

Banned Items/ Items not allowed

Radios, cd players, computer, electronic toys or games
TVs
Pornographic materials
Ax, hatchet, sheath knives, or machetes

Participants may use cell phones only for emergency contact during the Outpost activity. Cell phones are not allowed at any other time during the course. Participants are highly discouraged from bringing cell phones to NYLT as we have no way to secure them at camp.

NYLT Application Form

First Name Middle Name Last Name Goes by

Physical Mailing Address

City State Zip

Scout Phone Number Scout Email

Parent/Guardian Phone Number Parent/Guardian Email

Unit Leader Name Unit Leader Phone Number

____ Male ____ Female Age _____ Adult T-shirt Size _____

Troop, Crew, Ship # _____ Unit Position _____

Rank _____ Council _____

Why do you want to participate in NYLT?

Medical Concerns/Food Allergies

____ (initial) I agree to abide by the Scout Oath and Scout Law during the course.

____ (initial) I have read the rules and regulations and agree to abide by them.

____ (initial) I have a listing of the items required to participate in the course.

____ (initial) I meet the requirements to participate in NYLT.

Participant signature /date

Parent/Guardian name

Unit leader signature /date

Parent/Guardian signature /date

Unit leader approval may be submitted via email to: cathymillert20@yahoo.com

COVID-19 and NYLT 2020

1. NYLT will host a minimum number of participants. The minimum number will be 20. The maximum number of participants will be 36 to allow 6 patrols of 6 participants.
2. Patrol members will be grouped by geographic regions as much as possible. We will group them by same Troops, Cities, or Counties.
3. Staff and campers will be required to use personal tents and/or hammocks. One staff member or participant per tent or hammock. Everyone is required to bring their own tent. In the event, you do not own a tent, reach out to Cathy Miller and she will arrange something.
4. NYLT will limit one patrol per campsite.
5. Each camper is required to complete a pre-course screening checklist that needs to be turned in at registration. Questions include the following...
 - 14-day fever history to begin July 5, 2020.
 - Has the participant been diagnosed with COVID-19?
 - Has the participant been exposed to anyone that has been or under investigation for COVID 19?
 - Has the participant or anyone in his/her household experienced any of the following:
 - Shortness of breath
 - New or worsening dry cough
 - Fever of 100.4 degrees Fahrenheit or greater
 - Flu like symptoms
 - Vomiting
 - Diarrhea
6. Participants will have an arrival screening to review the above checklist for any changes and temperature check prior to registration
7. Parents/visitors will not be allowed to visit or interact with staff and/or participants.
8. Parents will remain in their vehicle at drop off point. Parents will wait until the participants pass the registration process. Once processed, the parents will be given permission to leave.
9. Scouts will remove gear and sanitize their gear prior to being taken to campsite and registration.
10. Safety guidelines will be reviewed with participants during Orientation trail to include:
 - Social Distancing
 - Hygiene
 - Safety & Sanitation
 - Usage of PPE (personal protection equipment)
11. Program changes:
 - Hold as many presentations outdoors as possible.
 - Equipment will be sanitized before and after usage.
 - Face masks and gloves will be required when social distancing is not an option
 - When indoors participants will wear masks or cloth face coverings
 - Everyone will be required to wash hands upon entering the dining hall and prior to all meals
 - Temperature checks will be performed every morning and late afternoon
 - Temperature readings of 100.4 or above? They will be isolated and rechecked at 30

minute and 1-hour intervals, if temp remains elevated, the staff or participant will be sent home

- All common door handles, sinks, bathroom facilities and tables will be cleaned/sanitized multiple times per day.
 - All food and beverages will be served by staff (using the proper PPE)
 - There will be no buffet or self-serve food options
 - Kitchen Staff will wear mask and gloves while preparing and/or serving ready to eat foods.
 - Kitchen Staff will follow ServSafe guidelines when preparing, cooking, serving, and storing food
 - Kitchen Staff will wash hands frequently
 - Only required staff will be allowed in the Kitchen area
 - Dishwashers will wear mask and gloves
 - Food prep stations and cooking areas will be cleaned and sanitized frequently
 - Campsites will be sanitized multiple times each day by staff
 - Cleaning and sanitization supplies will be provided to the campsites
 - Camp will be cleaned and sanitized during the 2-day break
12. All campers will be required to maintain personal hygiene. Daily showers are required.
13. All campers will need to bring an 8-ounce bottle of hand sanitizer for their personal use.
14. All campers will need to bring a minimum of two (2) face masks per day for their personal use.
15. Medical forms: all medical forms need to be filled out using the most current BSA printing. The 2019 printing is required for Parts A, B1, and B2. Part C is not required for this event.
16. If a staff or participant has any underlying conditions that will be exacerbated due to COVID-19, such as diabetes, high blood pressure, or any other high-risk medical condition, we ask that you keep your Scout home this year.
17. Please do not bring a re-fillable water bottle or canteen to NYLT this year. The course will provide disposable water bottles to all participants throughout the day.

The Tukabatchee Area Council and NYLT staff reserve the right to add to or amend this list at any time. All participants and staff must adhere to the required guidelines in order to conduct a safe and successful course.

I have read the above guidelines and rules and promise to abide by them.

Participant signature / date

Parent/Guardian signature / date

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a]) My signature below on this form indicates my permission.

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

☐ Checking this box indicates you DO NOT want your child to use a BB device.



NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.

List participant restrictions, if any:

☐ None

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont Scout Ranch, Philmont Training Center, Northern Tier, Sea Base, or the Summit Bechtel Reserve, I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Complete this section for youth participants only:

Adults Authorized to Take Youth to and From Events:

You must designate at least one adult. Please include a phone number.

Name: _____

Name: _____

Phone: _____

Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____

Name: _____

Phone: _____

Phone: _____



Prepared. For Life.®

Part B1: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Phone: _____

Unit leader: _____ Unit leader's mobile #: _____

Council Name/No.: _____ Unit No.: _____

Health/Accident Insurance Company: _____ Policy No.: _____



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.

In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
		Diabetes	Last HbA1c percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (anginal)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
		Family history of heart disease or any sudden heart-related death of a family member before age 50.	
		Stroke/TIA	
		Asthma/reactive airway disease	Last attack date: _____
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion/TBI	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Neurological/behavioral disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures or epilepsy	Last seizure date: _____
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Skin issues	
		Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		List all surgeries and hospitalizations	Last surgery date: _____
		List any other medical conditions not covered above	



Part B2: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Allergies/Medications

DO YOU USE AN EPINEPHRINE
AUTOINJECTOR? Exp. date (if yes) _____ ☐ YES ☐ NO

DO YOU USE AN ASTHMA RESCUE
INHALER? Exp. date (if yes) _____ ☐ YES ☐ NO

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Medication	
<input type="checkbox"/>	<input type="checkbox"/>	Food	

Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

☐ Check here if no medications are routinely taken. ☐ If additional space is needed, please list on a separate sheet and attach.

Medication	Dose	Frequency	Reason

☐ YES ☐ NO Non-prescription medication administration is authorized with these exceptions: _____

Administration of the above medications is approved for youth by:

_____/_____
Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)



Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.

Immunization

The following immunizations are recommended. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polio	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Influenza	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., Hib)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exemption to immunizations (form required)	

Please list any additional information about your medical history:

DO NOT WRITE IN THIS BOX.

Review for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: ☐ Yes ☐ No

Reason: _____

Approved by: _____

Date: _____



Camper Name: _____

Session: _____

Pre-Camp Health Screening

Dear Camp families,

In an effort to minimize illness at camp we ask that you check on the health of your camper daily beginning 14 days prior to camp. The best camp sessions start with healthy campers and this begins at home. Please bring this completed form to camp on opening day.

Please indicate if your camper has any of the following symptoms prior to camp and record a temperature daily. If any temperature or symptoms are present, please have your camper evaluated by a licensed provider and contact camp for further guidance.

Symptoms (symp):

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle Pain
- Sore throat
- New loss of taste or smell
- Nausea
- Vomiting
- Diarrhea

Please initial

1. My child has not been around anyone with any of the listed symptoms or diagnosis of COVID19 in the 14 days before the start of camp. Initial _____
2. No one in our household has been sick in the 14 days prior to camp. Initial _____
3. My child has not traveled by air or traveled out of state in the 14 days prior to camp. Initial _____
4. My child has adhered to our state's guidelines regarding COVID19. Initial _____

Start date of
temperature/
symptom
screening:

Day:	14	13	12	11	10	9	8
Temp/ symp							
Day:	7	6	5	4	3	2	1
Temp/ symp							

Our signature indicates that we completed this health screening daily for 14 days prior to camp and to the best of our ability. We understand that arriving to camp healthy is vital to a healthy camp for all campers.

Parent Signature: _____ Date: _____

Camper Signature: _____ Date: _____

created by Eleanor Matthews, RN 2020

COVID-19

ASSUMPTION OF EXPOSURE AND INHERENT RISK, RELEASE OF LIABILITY, WAIVER OF CLAIMS, INDEMNITY AGREEMENT, AND DECLARATION

I, the undersigned **parent or legal guardian** of the child (youth) named below, hereby consent to my and/or my child's participation in an Official Scout Activity ("**Scout Activity**") sponsored by the Tukabatchee Area Council, Boy Scouts of America during the COVID-19 pandemic and agree to the following:

COVID-19. COVID-19 is a mild to severe upper respiratory disease caused by the virus SARS-CoV-2 ("**COVID-19**").

Potential Exposure. I understand that COVID-19 is considered highly contagious and is primarily spread from person to person, including asymptomatic persons. COVID-19 is more likely to be spread when people are within approximately six feet of one another. I understand that while attending a Scout Activity I and/or my child will be within six feet of other people.

Inherent Risks. Exposure to COVID-19 includes certain risks, not all of which can be described herein, but may include coughing, shortness of breath, difficulty breathing, fever, chills, shaking, muscle pain, headache, sore throat, loss of taste or smell, pain or pressure in the chest, confusion, inability to wake, and death.

Assumption of COVID-19 Exposure and Inherent Risks. I have read the previous statements regarding COVID-19 exposure and risks ("**COVID-19 Exposure**") inherent in attending a Scout Activity. I understand and appreciate the COVID-19 Exposure inherent in attending a Scout Activity and that health-related reactions may manifest as a result of attending a Scout Activity. I agree that my attendance and or my child's attendance at a Scout Activity is voluntary and hereby knowingly assume the risk of any and all COVID-19 Exposure.

Waiver, Release, and Indemnification. In consideration of being allowed to participate in a Scout Activity and other good and valuable consideration, the receipt and sufficiency of which I hereby acknowledge, and on behalf of my child and myself, and our respective estates, heirs, and assigns, I knowingly, and with informed consent, do hereby waive, release, agree to defend and indemnify, and shall hold harmless the Boy Scouts of America, the Tukabatchee Area Council Boy Scouts of America, my Troop and Chartering Organization, and all of their respective executives, employees, officers, volunteers, agents, owners, affiliates, officers, directors, partners, managers, members, and agents (collectively, "**Released Parties**") from and against all demands, claims, losses, injury, damages, liability, attorneys' fees, costs, and/or expenses of litigation, in law or in equity, whether known or unknown, that have arisen or may arise from any COVID-19 Exposure and my participation in the Scout Activity that involve any damage, loss, or injury to me and or my child. I promise not to sue any of the Released Parties for any such demands, claims, or liability. This waiver, release, indemnification agreement, and promise not to sue shall apply to any and all claims of negligence, but does not apply to any claims of criminal conduct, gross negligence, or willful conduct.

Declaration. I declare that neither I nor any individual residing in the same home as me are ill today nor are currently experiencing, nor have experienced within the last two weeks, any symptoms of COVID-19.

This document is revocable, prospectively only, by a writing signed by me that bears the date the revocation is delivered to the above-mentioned Council.

Child's Name (Printed) D.O.B.

Printed Name of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Home Phone Number

Cell (Mobile) Phone Number