

Rotary Youth Leadership Award and Camp RYLA
Rotary International District 6170
Thursday, March 26 to Sunday, March 29, 2009

SPONSOR CLUB INFORMATION – MUST BE COMPLETED BY ROTARY CLUB

Sponsor Club _____
Contact Name _____
Contact Phone _____ (w) _____ (cell)
Contact Address _____
Contact e-mail _____

APPLICATION

PLEASE TYPE

STUDENT INFORMATION

- Name _____
- Gender Male Female
- What first name do you want us to use for your nametag?

- High School _____
- Current grade 10th 11th
- Street address _____
City _____
Zip code _____
- Home phone number _____
- E-mail _____
- Do you want your phone number, address, and e-mail to be published in Camp RYLA directory that will be distributed to campers? Yes No
- Parent/Guardian name: _____
- Parent/Guardian Street address _____
City _____
Zip code _____
- Parent/Guardian home phone number: _____
- Parent/Guardian bus./mobile phone number: _____
- In case of emergency during the camp, who should we contact for you?
 - ↑ Parent/guardian list above **OR**
 - ↑ Other person specified below:
Name: _____
Relationship to you: _____
Home phone number: _____
Business/mobile phone number: _____

**PLEASE ATTACH
RECENT
PHOTOGRAPH HERE
FOR THE CAMP RYLA
DIRECTORY THAT
WILL BE
DISTRIBUTED TO
CAMPER.**

NOTE: PHOTOGRAPHS MUST BE NO LARGER THAN WALLET SIZED (approximately 2.5" x 3.3" or the size of this box) TO BE PUBLISHED.

ACADEMIC ACCOMPLISHMENTS: Honor Roll, Awards, or Special Classes: _____

EXTRACURRICULAR ACTIVITIES AND LEADERSHIP POSITIONS HELD: _____

VOLUNTEER/COMMUNITY SERVICE ACTIVITIES: _____

HIGH SCHOOL SPORTS PARTICIPATION: List years, levels of competition and honors. _____

WORK EXPERIENCE (if any): _____

STUDENT'S PERSONAL INFORMATION

(For Camp Planning and Safety Use Only -Not Used for Selection Purposes)

- Are you currently taking any medications that they need assistance administering? If so, please list and explain assistance needed. _____
- Do you have any medical conditions that need to be monitored by a medical professional during the camp? If so, please list and explain assistance needed. _____
- Have you had surgery, fracture, accident or some other injury or illness that might affect your ability to undertake physical activity? If so, please explain. _____
- Do you have any special dietary requirements (examples: vegetarian, diabetic)? If so, please specify. _____
- What is the name of your local newspaper? _____
- Camp RYLA usually includes a dance. If scheduled, everyone is required to attend but is NOT required to dance. Do your personal beliefs prohibit attending a dance? Yes No
- If the dance is scheduled, what sort of music would you like the D.J. to play?
Dance/Hip Hop Rap Rock Country Alternative Other Please specify _____
- What is your t-shirt size (in adult sizes)? S M L XL XXL XXXL

INHERENT RISK AND LIABILITY WAIVER

The Camp RYLA schedule includes outdoor (and indoor, in the case of inclement weather) activities such as high and low element ropes courses. While these activities are designed to be accessible most age, skill, and physical fitness levels they do subject the participant to some degree of physical injury. In addition, Camp Winnamocka is an outdoor camp with some uneven terrain and other hazards present in rural settings. You can get more information about Camp Winnamocka at www.winnamocka.com. If you have any questions, please contact the Camp Director.

By signing this document, I state that I have considered, had the opportunity to ask questions about, and to understand the nature of the specific risks inherent to the activities that I (or my child or ward) will be engaging in at Camp RYLA at Camp Winnamocka. I hereby assume the risk of such activities and I expressly waive all claims which I (or my child or ward) or my estate (or my child's/ward's estate) may have for injury, death, and/or any attendant damages arising from such activities against Rotary International; Rotary International District 6170 or its officers; sponsoring Rotary clubs or their members; Camp RYLA Director(s), organizers, counselors or volunteers and agree to indemnify and hold harmless the above-stated entities and individuals from any and all such claims regardless of negligence on their part. I further declare that my (or my child's/ward's) medical, mental and physical condition allow me (or my child/ward) to fully participate in all of the activities scheduled for Camp RYLA. I am executing this waiver of my own free will. This waiver will be interpreted in accordance with the laws of the state of Arkansas.

_____	_____	_____	_____
Student signature	Date	Student's parent or guardian	Date

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT (OPTIONAL)

Parents or Guardians: In the event that your student is injured every effort will be made to contact you immediately using the information you have provided on this form so that you may make medical treatment decisions for your student. To provide for the event that your child is injured and in need of emergency medical treatment and we are unable to contact you, you may sign below to authorize medical treatment. This authorization is **NOT** required for your student to attend Camp RYLA, it is merely provided as an option to parents and guardians.

In the event that my child/student is in need of emergency medical treatment, I authorize any and all medical care providers to provide necessary emergency treatment. I understand that I will be financially responsible for any and medical expenses related to care provided under this authorization.

Student's parent or guardian Date

***PLEASE ATTACH A COPY OF STUDENT'S HEALTH INSURANCE PROVIDER CARD, IF STUDENT IS INSURED.**

CODE OF CONDUCT

Rotary International District 6170 wishes to provide all of the participants of the Camp RYLA program with a safe, secure setting. In order to do this, your cooperation with the following rules is required.

The following are the rules for all Rotary International District 6170 Camp RYLA campers, counselors, volunteers, and visitors.

- **CAMP RYLA PARTICIPANTS ARE EXPECTED TO ARRIVE AT THE SCHEDULED TIME, TO ATTEND THE ENTIRE CAMP, AND TO DEPART NO EARLIER THAN THE SCHEDULED CLOSE OF CAMP.**
- Campers are not to drive themselves to Camp Winnamocka or to have an automobile available to them during the camp. In most cases, the student will be transported to Camp Winnamocka by a Rotarian from their sponsoring club and picked up by a parent or the sponsoring Rotarian.
- Campers are expected to attend all of the scheduled activities and meals, unless excused by the Camp RYLA Director.
- You will be assigned to a cabin and group to help you make new friends. You may not change cabins or groups without permission from the Camp RYLA Director.
- Possession or use of alcoholic beverages, drugs or medicine other than that prescribed to the camper by their physician and medically necessary at the time, any tobacco products, firearms, knives, or other weapons are prohibited and will result in the camper immediate expulsion from the camp. **The camper's parents will be responsible for transportation from the camp.**
- Televisions, laptop computers, video games and other solitary entertainment devices are prohibited to allow for the maximum interaction among the Camp RYLA participants.
- All Camp RYLA participants are required to wear appropriate clothing (what is acceptable to wear to school or to sleep in at home) during Camp RYLA. Nametags must be worn during waking hours.
- Camp RYLA participants should not bring valuables such as expensive jewelry or excessive amounts of money to Camp RYLA. Campers will be sleeping in cabins with no facilities to lock up such items.
- Campers may bring mobile phones to Camp RYLA. However, mobile phones must be left in the cabins at all times except "free time." Mobile phones must be turned off after "lights out" each evening. Camp RYLA participants are responsible for safeguarding their own phones.
- Camp RYLA participants must respect the personal property of the individual participants and the property of Camp Winnamocka. Any participant who is responsible for damage, destruction, or theft will be personally responsible for the cost of repair or replacement, if necessary.
- Camp RYLA participants are not allowed in cabins of members of the opposite gender.

I have read and agree to abide by the rules and expectations set out above. Should the Camp RYLA participant's conduct violate any of these rules or expectations, I understand that I can be dismissed from Camp RYLA and my parent or guardian will be notified to pick me up immediately.

Student signature

Date

Student's parent or guardian

Date