



RYLA - DISTRICT 5520
 ROTARY YOUTH LEADERSHIP AWARD
 SUMMER CAMP APPLICATION

BOYS' RYLA Camp Dates: July 12-18, 2015

GIRLS' RYLA Camp Dates: July 18-24, 2015

ATTACH
 PHOTO OF
 APPLICANT
 HERE

Please Type or Print Clearly—

**Applicant Must Have Completed the Junior Year in High School
 prior to attending RYLA**

Send completed form to your local Rotary Club RYLA Chairperson
 For more information visit our web site at: www.rotary5520.org
then look for the RYLA section under Youth or visit
<https://ryla5520.shutterfly.com/> for further details.

↑Name	Age	School	
Mailing Address	City	State	Zip Code
Home Phone #	Student Cell Phone #		
Email Address	Shirt Size - <input type="radio"/> - Small <input type="radio"/> - Medium <input type="radio"/> - Large <input type="radio"/> - Extra Large		
Father's Name	Address (if different)	Work Phone #	
Mother's Name	Address (if different)	Work Phone #	

This portion of the application *MUST* be completed by the sponsoring Rotary Club.

The above camper *will have completed his/her Junior year in High School prior to attending RYLA.* Applicant demonstrates leadership qualities, academic, athletic, or other strengths. **This application has been reviewed by a selection committee from our club.** This applicant is nominated to attend RYLA.
(Please print clearly. Be specific with the name of your Rotary Club.)

Rotary Club of _____ Date _____

Club Contact Signature _____ Printed Name _____

Home Phone _____ Work _____ Fax _____

E-mail address _____ Cell Phone _____

RYLA Application

Scholastic, Sports, Extracurricular Achievements - List your principal achievements, academic accomplishments – Honor Roll, Awards, and Special Classes:

Other School Activities and Recognitions (List Positions Held and Responsibilities):

High School Sports Participation (List Years, Levels of Competition and Honors):

Outside School Interests, Hobbies and Recreations:

Work Experience (summer/after school):

RYLA Application

These are our RYLA Objectives:

- 1. To provide you with an experience in democratic living that will help you develop sound values**
- 2. To provide you with the insight and understanding required for effective leadership**
- 3. To expose you to the opportunities and challenges of life in a free and democratic society**
- 4. To encourage you to think through and arbitrate conflicts of value**

Describe how the RYLA objectives relate to who you are and who you want to become.

ROTARY YOUTH LEADERSHIP AWARD

APPLICANT AGREEMENT

I understand that the Rotary Club of _____ has paid \$600 on my behalf to attend RYLA. If selected, it is my intention to attend. I pledge not to enter into any other commitments this summer that will conflict with the dates. If an emergency arises that will affect my ability to attend RYLA, I agree to contact the Rotary Club immediately.

I/We also understand that all rules and regulations for RYLA will be enforced and any violation by my child will result in a collect call to me with a possible request to come to pick up my child with no refunds being given to the sponsoring Rotary Club.

Name of Applicant (PRINT)

Applicant's Signature

Date

Parent's Name (PRINT)

Parent's Signature

Date

RYLA Liability Release

(To be signed by both parent or guardian and camper applicant. Application cannot be accepted without this release)

General Release:

In consideration of being permitted to participate in RYLA and all associated activities.

I/We have read the *RYLA Activities* statement set forth below. Along with the seminars, there are many physical activities at RYLA designed to strengthen teamwork, encourage the competitive spirit, build self-confidence and have fun. There is both a “low ropes” and a “high ropes” course. I/We understand that the camper will be expected to participate in all activities in a mature fashion. I/We understand that these activities are part of what has made the RYLA program so successful in the growth of young people and that my student has my approval to participate in all of the activities.

Applicant, for himself or herself, his or her spouse, parents, legal representatives, heirs, and assigns, hereby releases, waives and discharges RYLA, Rotary, its officers and members, all promoters, sponsors, advertisers, owner, and lessees on the premises upon which RYLA is conducted, and each of them their officers and employees (referred to hereafter as “**Releasees**”) from all liability to Applicant, Applicant’s spouse, parents, legal representatives, heirs, and assigns, for any and all loss or damage, and any claim or damages resulting therefore on account of injury to Applicant’s person or property, even injury resulting in the death of Applicant, whether caused by the negligence of **Releasees** or otherwise while applicant is participating in RYLA activities.

Applicant agrees to indemnify **Releasees** and each of them from any loss, liability, damage, or cost they may incur due to the presence of Applicant in or upon RYLA premises or activities, whether caused by the negligence of **Releasees** or otherwise.

Applicant hereby assumes full responsibility for the risk of bodily injury, death, or property damage, due to the negligence of **Releasees** or otherwise, while in or upon RYLA premises or activities, and while competing, officiating in, working, or for any purpose participating in RYLA activities. Applicant assumes full responsibility for the risk in participation of Low/High Ropes and will not hold Monzano Mountain Retreat liable for any injury that might be incurred.

Applicant expressly agrees that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of New Mexico, and that if any portion hereof is held invalid, it is agreed that the balance shall; notwithstanding, continue in legal force and effect.

**Signatures below must be made in the presence of a Notary.
(Your bank can probably notarize at no charge.)**

IN WITNESS WHEREOF, Applicant and Applicant’s parents or guardians have executed this release at:

In the State of _____

this _____ day of _____ 20_____

Student _____

Date _____

Parent/Guardian _____

Date _____

ROTARY YOUTH LEADERSHIP AWARD WAIVER AND MEDICAL AUTHORIZATION

I/We _____ and _____

Being the parent(s) or guardian(s) of _____

Date of Birth _____

Do agree that (name of minor) _____

May participate in the Rotary Youth Leadership Award sponsored by Rotary International District 5520, and in consideration of participation in this event and on behalf of the above named student:

I/WE AUTHORIZE THE RYLA DIRECTOR, THE RYLA NURSE OR ANY OTHER ADULT STAFF MEMBER TO GIVE ALL NECESSARY CONSENT FOR ANY NECESSARY MEDICAL TREATMENT, INCLUDING DOCTOR'S CARE OR HOSPITALIZATION OR BOTH TO THE SAME EXTENT AS I/WE COULD IF PERSONALLY PRESENT, THAT MAY BE REQUIRED BY THE ABOVE NAMED STUDENT WHILE IN ATTENDANCE AT RYLA, AND AGREE THAT SAID MEDICAL EXPENSES WILL BE INCURRED IN MY/OUR BEHALF AND I/WE AGREE TO PAY THE SAME.

I/We also acknowledge that I/We have notified the RYLA Personnel of any special medical needs or information required by the above named child. I/We further state that we know of no medical or physical conditions which would prevent the above named student from fully participating in the RYLA activities.

I/We also understand that all rules and regulations for RYLA will be enforced and any violation by my child will result in a collect call to me with a possible request to come to pick up my child with no refunds being given.

Parent/Guardian Signature

Parent/Guardian Signature

Date

Date

Name of Insurance Company _____

Policy Number _____ Group Number _____

Address _____

Family Physician _____

Emergency person to call in the event the parent or guardian cannot be reached:

Name _____ Phone _____

ROTARY YOUTH LEADERSHIP AWARD

HEALTH CERTIFICATION PARENTS' EVALUATION

The activities in which your son or daughter will participate while at RYLA are generally comparable to those experienced in high school, including physical education activities. Some activities may be very strenuous. The RYLA Director **MUST** know of any physical limitations, medications or recent medical treatments or surgeries that may affect your son's or daughter's welfare. While this will not limit their participation, special precautions can be taken to ensure their safety.

Please check all items listed below with YES or NO. If YES, please give a brief description of the problem:

- | YES | NO | |
|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Frequent or severe headaches |
| <input type="checkbox"/> | <input type="checkbox"/> | Dizziness or fainting spells |
| <input type="checkbox"/> | <input type="checkbox"/> | Unconsciousness for any reason |
| <input type="checkbox"/> | <input type="checkbox"/> | Eye Trouble (not correctable with glasses) |
| <input type="checkbox"/> | <input type="checkbox"/> | Wears Contact Lenses |
| <input type="checkbox"/> | <input type="checkbox"/> | Heart Trouble |
| <input type="checkbox"/> | <input type="checkbox"/> | High or Low Blood Pressure |
| <input type="checkbox"/> | <input type="checkbox"/> | Chronic or Recent Ear Trouble |
| <input type="checkbox"/> | <input type="checkbox"/> | Significant abdominal trouble, including hernia, unless corrected |
| <input type="checkbox"/> | <input type="checkbox"/> | Epilepsy |
| <input type="checkbox"/> | <input type="checkbox"/> | Head Injury |
| <input type="checkbox"/> | <input type="checkbox"/> | Asthma or any breathing disorder |
| <input type="checkbox"/> | <input type="checkbox"/> | Injuries, requiring hospitalization, or surgery within the last five years |
| <input type="checkbox"/> | <input type="checkbox"/> | Allergies, including allergies to medications |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes or Hypoglycemia |
| <input type="checkbox"/> | <input type="checkbox"/> | Migraine Headaches |
| <input type="checkbox"/> | <input type="checkbox"/> | Other, please specify any condition not listed above If YES on any of the above, please describe. |

List Current Medications:

I hereby certify that to the best of my knowledge and belief, the health of the applicant is as shown above.

Name of Parent or Guardian: (Print) _____

(Signature) _____ Date _____