



CAMP RYLA 2010

ROTARY YOUTH LEADERSHIP AWARD
 SUMMER CONFERENCE APPLICATION
 ROTARY DISTRICT 5520

GIRLS' CAMP: Sunday, July 18 through Saturday, July 24

BOYS' CAMP: Saturday, July 24 through Friday, July 30

CAMP RYLA USE—APPLICANT LEAVE BLANK

PRIMARY ALTERNATE

ATTACH
 PHOTO OF
 APPLICANT
 HERE

Please Type or Print Clearly—

Applicant Must Be a Junior in High School

Send completed form to your local Rotary Club Camp RYLA Chairperson

For more information visit our web site at: www.rotary5520.org/ryla

Name _____ Age _____ School _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Student Cell _____ Email _____

Student Social Security # _____ Shirt Size (circle): S M L XL

Father's Name _____ Address (if different) _____ Work Phone _____

Mother's Name _____ Address (if different) _____ Work Phone _____

This portion of the application is to be completed by the sponsoring Rotary Club.

The above camper is a **Junior in High School** with leadership qualities, academic and athletic strengths, and their application has been reviewed by a selection committee from this club. He/she is nominated for a position in Camp RYLA.

(Please print clearly. Be specific with the name of your Rotary Club.)

Rotary Club of _____ Date _____

RYLA Chair 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, Special Classes: (attach separate page for additional information).

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 Camp 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

CAMPER AGREEMENT

I understand that the Rotary Club of _____ has paid \$500 on my behalf to attend Camp RYLA. If selected, it is my intention to attend the Camp. 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 Camp RYLA, I agree to contact the Rotary Club immediately.

I/We also understand that all rules and regulations for Camp 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 Camper (PRINT)

Camper'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 camp RYLA and all associated activities.

I/We have read the *Camp RYLA Activities* statement set forth below. Along with the seminars, there are many physical activities at Camp RYLA designed to strengthen teamwork, encourage the competitive spirit, build self-confidence and have fun. The Camp has 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 Camp RYLA program so successful in the growth of young people and that my student has my approval to participate in all of the activities of the Camp.

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

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

Camper 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 Camp RYLA premises or activities, and while competing, officiating in, working, or for any purpose participating in Camp RYLA activities. Camper 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.

Camper 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.

All signatures below must be NOTARIZED BEFORE ATTENDING CAMP

IN WITNESS WHEREOF, camper and camper’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 Awards Camp 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 CAMP DIRECTOR, THE CAMP 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 THIS CAMP, 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 Camp 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 Camp activities.

I/We also understand that all rules and regulations for the Camp 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 Camp RYLA are generally comparable to those experienced in high school, including physical education activities. Some activities may be very strenuous. The Camp 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

**HEALTH CERTIFICATION
PARENTS' EVALUATION (Continued)**

YES

NO

Asthma or any breathing disorder

Injuries, requiring hospitalization, or surgery within the last five years

Allergies, including allergies to medications

Diabetes or Hypoglycemia

Migraine Headaches

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 camper is as shown above.

Name of Parent or Guardian (PRINT)

Signature

Date