



# RYLA Application

## Year Applying For 2010

- District 7780 RYLA is open to all sophomore high school students
- RYLA is held in June at Camp Hinds, Raymond Maine
- Scheduled for RYLA will be held from Sunday, June 27 through Wednesday, June 30
- Please type or neatly print the information requested.
- \*Answer each question in the space provided, use separate sheet if necessary

Date:

Last Name:

First Name:

Nickname:

School Attending in September:

School Location/Town/City:

Current Grade:

Birthdate:

Your Street Address:

Your Mailing Address:

City/Town:

State, Zip:

Home Phone:

Male/Female:

Are You a Member of Interact?

Email Address (VERY IMPORTANT, PRINT!):

1. Why do you want to participate in the Rotary Youth Leadership Awards Conference?

2. List each school or community group to which you belong, and list the specific contribution(s) you have made to each.

3. Briefly Describe any work experiences you have had, and not those that include supervisory responsibility.

4. Give an example of a situation that required you to lead. The focus should be on: the challenge, the action you took, and what you learned.

5. Identify a leader you admire (contemporary or historical), and briefly explain why.

6. What are your hobbies or recreational interests?

7. List awards (civic & school)

8. Leadership positions (in & out of school)

9. What does leadership mean to you?

10. What are your future career interests?

Participant's Signature: \_\_\_\_\_

## Recommendation for Rotary Youth Leadership Conference

\*Note Participants must include 2 recommendations with application

Name of Applicant:

1. How Do You Know the Applicant?

2. Summarize the applicant's academic accomplishments, extracurricular activities and community service contributions of which you have first hand knowledge.

3. Describe the qualities you see in the applicant which you believe strongly support his/her participation in a leadership conference of this type.

Signature:

Name:

Date:



## **RYLA** Medical History and Personal Information

Note: If accepted to participate in the RYLA program you will need to have your physician complete a Boy Scouts of America medical form for proof of a physical in the last 36 months. This is in addition to what is below. The BSA medical form will arrive in your acceptance package and is to be brought with you to registration to the conference.

Name:

Date of Birth:

Soc. Sec. Num.:

Name of Person to Contact in Case of Emergency:

Address of Contact Person:

Phone(s) of Contact Person:

Home:

Work:

Cell:

*The following questions are for our information only and do not have bearing on your selection for participation in RYLA. Please answer all questions completely.*

What is your current level of physical activity (low/average/high)?

Do you have any allergic reaction (for example bees, drugs, food)?

If Yes, What are they?

Do you have any chronic illnesses or physical conditions (for example epilepsy, diabetes, joint problems, vision, hearing)?

Do you have any physical conditions or disabilities which might prevent you from any strenuous activity? If so, please list.

Have you experienced any injuries (for example dislocations, severe sprains, torn ligaments, separations, broken bones, amputations, etc.) within the last 3 years?

If so, list and identify when the injuries occurred and extent of the severity of the injury.

Have you fully recovered from this injury?

Are you currently being treated by a physician, or have you been within the last year?

If yes, explain.

Do you wear contact lenses?

Do you wear glasses?

Do you take any daily medications?

If so, please list type and schedule.

Do you have any special dietary needs (for example - vegetarian)?

What T-Shirt Size are you (Small, Medium, Large, XL, XXL)?

Are you a member of Interact?

Is your tetanus shot current?

Family Doctor:

Address:

Phone:

Name of Health Insurance Company:

Group/Policy Number:



## Application Participant Assumption of Risk - Release of Liability

I understand that while attending RYLA, I will have the opportunity to participate in sports activities on and in the water, as well as a ropes challenge course and regularly planned activities. I understand that parts of the activities at the conference may be physically or emotionally demanding. I affirm that my health is good, and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in sports and activities, including the open boats, ropes course and rock climbing. I realize that I must assume the risk of physical injury that could result from any of these activities. I agree to assume all responsibilities and risks involved in the program, and for myself and my heirs to release and hold harmless members of the RYLA committee or facilitator team, The Rotary Clubs, Rotary District 7780, Rotary International, Boy Scouts of America, Camp Hinds, and all staff from all claims and legal actions, whether for property damage, physical injury, or otherwise, arising from my participation in the program.

I confirm with my signature and the signature of my parent or guardian, that we have both read this information, I understand my responsibility as a participant, and that I assume all of the risks incidental to the outdoor adventure program. I have provided you with all the medical information that has been requested in the application and agree to follow instructions and directions given by my facilitators, and to act in good judgment.

Date:

Participant's Signature:

Signature of Parent or Legal Guardian, if under 18 years old:

## **Medical Authorization and Consent**

I hereby authorize the RYLA Conference Facilitators to arrange for medical treatment and/or ambulance transportation for my child, if in their opinion such treatment is necessary. I understand that in the event that any medical treatment is deemed necessary for my child I will be notified immediately and be responsible for all medical cost incurred.

Date:

Signature of Parent or Legal Guardian, if under 18 years old:

Address:

City, State, Zip:

In case of emergency contact:

Phone:

**NOTE: Parent or legal guardian signs in 2 places and participant in 1**