



ROTARY DISTRICT 5580

ROTARY YOUTH LEADERSHIP AWARDS (RYLA)

APPLICATION FORM

Please Note:

This application must be completed in its entirety before it can be submitted to the school counselor or Rotary Club that will be sponsoring you. The Rotary Club will be responsible for mailing them to the Registration Office. **Incomplete applications will be returned.** Please make sure that all required signatures and a student photo are included, as provided on the following checklist.

- Page 1: Attach Student Photo.
Page 2: Signature required by Parent/Guardian and dated.
Page 3: Liability Release: Bottom portion of application completed and signed by Student and Parent/Guardian.
Page 4: RYLA Waiver and Medical Authorization: This form must be completed, signed by the Parent/Guardian and notarized.
Page 5: Medical Examination Form: This form must be completed and signed by the Parent/Guardian.

This application form is **DUE NO LATER THAN MAY 15, 2014.**

Sponsoring Rotary Club please send applications to:

Krista Proulx, Registration Office
Camp RYLA
121 Adams Street
Crookston, MN 56716

Camper Fee (\$475/student) due from Rotary Clubs by March 1, 2014 – send to:

Elaine Hansen, Treasurer
Rotary District 5580
906 Ridgewood Road
Duluth, MN 55804

APPLICATION

ROTARY YOUTH LEADERSHIP AWARD SUMMER CAMP-CONFERENCE

UMC - Crookston, MN

PLACE
PHOTO HERE

(Need picture included)

Sponsoring Rotary Club _____

RYLA Chairperson _____

Address _____

Telephone Number _____

Name:	Age:	CHECK ONE		Current Grade:
		M	F	
Mailing Address:		E-mail		
City:	State:	Zip Code:		
Home Phone:	Parent's Business Phone:			
High School Attending:	Preferred name on name tag:			
Education: Cumulative Grade Point	T-Shirt Size: XXL - XL - L - M - S			
Food Preferences	Regular	Vegetarian		

ACADEMIC ACCOMPLISHMENTS: Honor Roll, Awards, Special Classes, Concentrations

OTHER SCHOOL ACTIVITIES AND RECOGNITIONS: List positions held and responsibilities undertaken.

Please complete in INK or TYPE!! Please Print!

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

OUTSIDE SCHOOL INTERESTS, HOBBIES AND RECREATION:

WORK EXPERIENCE: Summers / After School

If additional space is needed, please attach a separate sheet of paper.

Please remember to attach a current snapshot of yourself to the previous page of this Application.

PARENTS OF CAMPERS:

IN CASE OF MEDICAL EMERGENCY, I understand every effort will be made to contact the parent or guardian of campers. In the event I cannot be reached, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Parent/Guardian Signature

Date

Rotary Clubs, please mail this application to:
Krista Proulx – RYLA Registration Office
121 Adams Street
Crookston, MN 56716
218.281.6887 (Home) / 218.779.0577 (Cell)

Liability Release

(To Be signed by both parent or guardian and camper applicant. Camper cannot participate without this release)

PLEASE READ CAREFULLY!

General Release:

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

I/We have read the Camp RYLA Brochure "Springboard to Leadership" and the activities my son/daughter will be involved in, that is distributed with this application. I understand that they carry some risk and that the camper will be expected to participate in those activities. I 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, owners, and lessees on the premises upon which Camp RYLA is conducted, and each of them, their officers and employees (referred to hereinafter 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 therefrom, 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 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 Minnesota; and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in legal force and effect.

Medical Release:

In the event emergency medical attention is required for a child at Camp RYLA, the providing of the attention will not be construed as an admission of liability on the part of Camp RYLA and cost for all emergency treatment and care must be borne by the parents or guardians of the involved child. Should Camp RYLA have voluntary insurance coverage to cover such expenses, such coverage will be limited to the excess over any valid and collectible insurance carried by the injured child's parents or guardians.

In case of medical emergency, I understand that every effort will be made to contact parents or guardians of campers. In the event I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child/ward as named herein.

I support my child's/ward's application to Camp RYLA and I agree that if he/she is selected to attend Camp RYLA, he/she will complete the ENTIRE PROGRAM. I understand that my child/ward will be asked not to attend Camp RYLA if illness or an emergency will preclude him from participating fully in all RYLA activities.

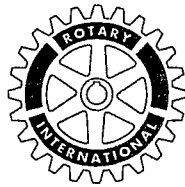
IN WITNESS WHEREOF, Camper and Camper's parents or guardians have executed this release at:

_____ In the State of _____

This _____ day of _____, year _____

Student: _____

Parent or Guardian: _____



ROTARY YOUTH LEADERSHIP AWARDS (RYLA)
WAIVER AND MEDICAL AUTHORIZATION

STATE OF MINNESOTA
COUNTY OF _____ SS

I/We, _____ and _____, being the natural parent(s)
or guardian(s) of _____

Date of Birth _____ of _____ do
(complete Home Address, including City, State & Zip Code)

jointly and severally agree that _____
(Name of Child)

may participate in the Rotary Youth Leadership Awards Camp (referred to as Camp RYLA) sponsored by the Rotary International District 5580, and in consideration of participation in this event and on behalf of the above named Child, his/her heirs and representatives, I/We agree to fully and forever release, discharge, indemnify and hold harmless Camp RYLA, Rotary District 5580, Youth Camp; their agents, representatives, servants, employees, or invites from any and all claims, demands, damages, causes or rights of action, present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of participation in such camp RYLA.

I/WE FURTHER AUTHORIZE THE CAMP DIRECTOR, THE RYLA CAMP NURSE IN ATTENDANCE, 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 CHILD 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 (SEE REVERSE) required by the above named child 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 pick up my child with no refunds being given.

(Parent/Guardian Signature)

(Parent/Guardian Signature)

Dated: _____

Our Insurance Company _____
Policy # _____ Group # _____
Address _____

Subscribed and Sworn to before me, a Notary Public, in and for the State of Minnesota, County of _____,
this _____ day of _____, year _____.

Seal

Notary Public

My Commission Expires _____.

DEVELOPED AND APPROVED BY
AMERICAN CAMPING ASSOCIATION AND AMERICAN ACADEMY OF PEDIATRICS

(This is to be filed in by parent and checked with physician at time of examination.)

Student's Name: _____ CIRCLE ONE Birthdate: _____ Age: _____
M F

Home Address: _____

City/State/Zip: _____

Emergency Contact Name: _____

Address: _____

Phone: _____

Rotary Club Name: _____
RYLA Chair Name: _____
Address: _____

Phone: _____

HEALTH HISTORY: (✓Check-giving approximate dates)

- | | | |
|---|--|---|
| <input type="checkbox"/> Frequent Colds _____ | <input type="checkbox"/> Kidney Trouble _____ | <input type="checkbox"/> Chickenpox _____ |
| <input type="checkbox"/> Sore Throats _____ | <input type="checkbox"/> Bed Wetting _____ | <input type="checkbox"/> Measles _____ |
| <input type="checkbox"/> Sinusitis _____ | <input type="checkbox"/> Heart Trouble _____ | <input type="checkbox"/> German Measles _____ |
| <input type="checkbox"/> Abscessed Ears _____ | <input type="checkbox"/> Athlete's Foot _____ | <input type="checkbox"/> Mumps _____ |
| <input type="checkbox"/> Bronchitis _____ | <input type="checkbox"/> Sleep Walking _____ | <input type="checkbox"/> Whooping Cough _____ |
| <input type="checkbox"/> Fainting _____ | <input type="checkbox"/> Rheumatic Fever _____ | <input type="checkbox"/> Tuberculosis _____ |
| <input type="checkbox"/> Convulsions _____ | <input type="checkbox"/> Constipation _____ | <input type="checkbox"/> Diabetes _____ |
| <input type="checkbox"/> Upset Stomach _____ | <input type="checkbox"/> Poliomyelitis _____ | |
| <input type="checkbox"/> Serious Ivy, Oak _____ | <input type="checkbox"/> Operations or _____ | |
| Sumac Poisoning _____ | Serious Injuries _____ | |

ALLERGIC REACTIONS:

- Frequent Colds _____
 Sore Throats _____
 Sinusitis _____

Additional Information: _____
Any Medications currently being taken: _____

Any specific activities to be encouraged: _____

Any specific activities to be discouraged: _____

Doctor's Name

Address

City/State/Zip

Telephone: () _____

IMPORTANT: Please notify the camp if the camper is exposed to any communicable disease during the three weeks prior to camp attendance.

Krista Proulx, Registration Office
Camp RYLA
121 Adams Street
Crookston, MN 56716

SUGGESTIONS FROM PARENTS: Please attach Additional sheets for your suggestions.

In the event emergency medical attention is required for a child at Camp RYLA, the providing of the attention will not be construed as an admission of liability on the part of Camp RYLA and cost for all emergency treatment and care must be borne by the parents of the involved child. Should Camp RYLA have voluntary insurance coverage to cover such expenses, such coverage will be limited to the excess over any other valid and collectible insurance carried by the injured child's parents. We, the parent or guardian, do [] do not [] have medical insurance coverage.

Signature of parent or guardian