



**RYLA 2017 Camper Application
Rotary District 5520**

RYLA Boys Camp - Sunday, July 16th - Saturday, July 22nd
RYLA Girls Camp - Saturday, July 22nd - Friday, July 28th
10:00am arrival & departure for both camps

Attach a current photo of
the RYLA camper here.

**Please print clearly
and complete all
information on the form**

**Applicant must have completed
their Junior Year of High School
prior to attending camp.**

- 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 New Generations (Youth Services).

Full Name	Nickname (for Camp Badge)	Age	Date of Birth
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School	Student Email Address	Shirt Size
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Mailing Address	City	State	Zip Code
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Home Phone #	Student Cell Phone #
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Mother's Name	Mother's Home Phone #
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Mother's Cell Phone #	Mother's Email Address
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Father's Name	Father's Home Phone #
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Father's Cell Phone #	Father's Email Address
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Rotary Club Sponsoring the Student	Rotary Club Contact Person	Telephone
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Email Address

* These are our RYLA Objectives:

- To be an active participant in a team setting.
- To understand what it means to be a person of integrity and responsibility.
- To be motivated to take action.
- To be willing to push the limits of my "comfort" zone.
- To have confidence in myself and others.
- To show empathy and demonstrate respect towards others.
- To gain a realistic appreciation of my own strengths and weaknesses.
- To learn about Rotary.

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

Scholastic, Sports, Extracurricular Achievements

List your principal achievements and academic accomplishments (i.e. Honor Roll, Awards, Special Classes)

Other school activities and recognitions (list positions held and responsibilities)

High School Sports Participation (list years, levels of competition, and any honors)

Outside School Interests (i.e. hobbies, recreation)

Work Experience

ROTARY YOUTH LEADERSHIP AWARD

APPLICANT AGREEMENT

I understand that my local Rotary Club has paid \$600.00 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 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/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 _____

Insurance Company Address _____

Family Physician _____ Telephone # _____

Emergency person (other than parent) to call in the event the parent/guardian cannot be reached:

Name _____ Phone _____

ROTARY YOUTH LEADERSHIP AWARD

Camper: _____ HEALTH CERTIFICATION
 Address: _____ 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 if the word YES applies.

YES

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- Frequent or severe headaches
- Dizziness or fainting spells
- Unconsciousness for any reason
- Eye Trouble (not correctable with glasses)
- Wears Contact Lenses
- Heart Trouble
- High or Low Blood Pressure
- Chronic or Recent Ear Trouble
- Significant abdominal trouble, including hernia, unless corrected
- Epilepsy
- Head Injury
- Asthma or any breathing disorder
- Injuries, requiring hospitalization, or surgery within the last five years
- Diabetes or Hypoglycemia Migraine
- Headaches
- Other, please specify any condition not listed above If YES on any of the above, please describe. _____

Allergies/Medications (Is your son or daughter allergic to or have adverse reaction to any of the following?)

- ___ - Medication: Explain _____
- ___ - Food: (i.e. – Lactose Intolerant, Peanut or Nut Allergies, Wheat Intolerant, etc.) ----- Vegetarian: Yes No
 Explain the food allergy _____
- ___ - Plants: Explain _____
- ___ - Insect Bites/Stings: Explain _____

List all medications currently used, including any over-the-counter medications:

<u>Medication</u>	<u>Dose</u>	<u>Frequency</u>	<u>Reason</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Bring enough medications in sufficient quantities and in the original containers. Make sure that they are not expired, including inhalers and EpiPens. Your son or daughter **SHOULD NOT STOP** taking any maintenance medication unless instructed to do so by your doctor.

☐ ---- Check here if no medications are routinely taken.

Important: Attach a copy of the RYLA camper's immunization record (typically these are available from the school).

Please list any additional information about your son or daughter's medical history:

Special Note about the Challenge Courses at RYLA Camp:

Participants in all challenge courses (i.e. low ropes, high ropes, climbing wall, etc.) will be instructed to remove all potentially dangerous objects, including items in their pockets and jewelry, including any piercings. Participants are encouraged not to bring valuables to camp. When using the high ropes elements, all participants and facilitators will be required to wear all safety equipment provided by the camp, including helmets and harnesses before participating in challenge course high ropes and other elements.

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: _____

Important: Attach a copy of the RYLA camper's immunization record (typically these are available from the school).