



Applicant: Email **or deliver** completed application to sponsoring Rotary Club
Rotary Club: Mail or email approved application to RYLA Registrar:
San Luis Rotary Club, c/o Marcos Ramirez, PO Box 13926, San Luis, AZ 85349
Email: marcosramirez5550@gmail.com Application Deadline: November 1, 2019
Questions: RYLA Chair Barbara Harrison bjsharrison@comcast.net

District 5500 Rotary Youth Leadership Awards
Delegate Application
January 17 – 20, 2020 Chapel Rock, Prescott, Arizona
All Delegates will ride up on Charter Buses

Please attach a current photo or Email one with completed application

The entire \$400 cost of attending the RYLA Conference will be paid by your local Rotary Club. Successful applicants are required to attend the entire conference and must stay on campus until the end of the program on Monday. **Exceptions will not be made.** Approved applicants will be required to provide the attached medical history and letter of indemnity.

Please type or print legibly. Illegible applications will not be considered. Application must be complete.

Name:		Age:	Gender: M ___ F ___
Preferred Name:		D.O.B.:	Adult Sweatshirt Size: S ___ M ___ L ___ XL ___ XXL ___ XXXL ___
Street Address:		City:	Zip:
Cell #	Email:		
High School:		Grade: 9 ___ 10 ___ 11 ___ 12 ___	
Legal Guardian:	Email:		Cell Phone #
Legal Guardian:	Email:		Cell Phone #
Name of Sponsoring Rotary Club:		Club Contact:	
Dietary Allergies:		Dietary Preferences: (e.g. vegetarian, vegan, gluten-free)	
Interests/Talents/Hobbies:			
Leadership Positions (In & Out of School):			
Service to Community (In & Out of School):			
Why are you interested in attending RYLA?			

RYLA HEALTH FORM

This information is confidential and will only be used if urgent medical assistance is required and will only be provided to the Medical Officer. **HEALTH FORMS WILL NOT BE ACCEPTED IF INCOMPLETE.**

Please do not schedule medical and/or dental procedures right before RYLA.

Has the Applicant ever received treatment, attention or advice from a physician or other practitioner for, or been told by any physician or practitioner that such person had/has: (Please check if YES)

___ ALLERGIES
___ ASTHMA
___ APPENDICITIS
___ ARTHRITIS
___ DIABETES
___ EPILEPSY
___ OTHER

___ HERNIAS
___ PNEUMONIA
___ ULCERS
___ RHEUMATIC FEVER
___ SERIOUS OR PERSISTENT HEADACHES
___ VERTIGO, DIZZINESS

Please explain: _____

Will Applicant be bringing an Epi Pen or inhaler with them? (Check if yes) EPI PEN [] INHALER []

Does the Applicant have any Disease, Impairment or Abnormality of:

___ EYES OR SIGHT
___ EARS OR HEARING
___ TONSILS, NOSE
___ THROAT
___ STOMACH
___ OTHER

___ HEART OR BLOOD VESSELS
___ LUNGS, RESPIRATORY SYSTEM
___ BONES, JOINTS OR LOCOMOTOR SYSTEMS
___ SKIN
___ DIGESTIVE SYSTEM

Please explain: _____

Will Applicant be bringing any prescribed medication(s) with them? YES [] NO []

If YES please list the medications and ensure a supply for 6 days.

Medication, dosage and reason: _____

Please check medication in with RYLA Staff on site. All medication must be in original prescription bottles.

Is your child covered by medical insurance? Check one: YES [] NO [] AHCCSS []

IF YES, PLEASE PROVIDE A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD WITH THIS FORM

Name of Insurance Company _____ Policy Number _____

Billing Address of Insurance Company _____

Family Physician's Name _____ Telephone Number _____

Emergency Contact _____ Telephone Number _____

When was the Applicant's last Tetanus shot? _____ (Required for participation)



Delegate & Junior Counselor Code of Conduct

1. I am to conduct myself at all times in a manner which will bring credit to me, my family, my school and my sponsoring Rotary Club.
2. I have made a commitment to attend the entire RYLA Workshop. I may not leave the workshop earlier than the closing event on Monday without the permission of the RYLA Chair.
3. I shall participate in all workshop events and exercises and be where I am scheduled at the assigned times.
4. I will sleep in the room to which I am assigned and be in my room during the designated periods.
5. Male delegates and junior counselors are not permitted in female rooms or areas at any time and vice versa.
6. I must dress appropriately at all times. I cannot wear tank tops, halter tops, muscle shirts, T- shirts with vulgar or offensive language/pictures/ prints, short-shorts, nor have a bare midriff.
7. I will wear my name tag at all times and display my team color during activities, events and meals.
8. I will report any damage or breakage immediately to my Counselor, Assistant Counselor, Junior Counselor or RYLA staff.
9. I understand smoking and tobacco products are prohibited.
10. I understand that alcoholic products are prohibited.
11. I understand that any medication, whether prescription or over-the-counter, must be in its original container and must be identified on the Health Form. Any medication in the possession of a Delegate or Junior Counselor not on the Health Form will be confiscated.
12. I will not use foul and abusive language, including discriminatory remarks and threatening comments.
13. I understand that inappropriate contact or conduct with other Delegates or Junior Counselors is unacceptable.
14. I will not bring:
 - Illegal drugs
 - Firearms, knives or any other type of weapon
 - Tobacco
 - Inappropriate reading material or pictures
15. I also understand I am not to drive a vehicle to the event.

I have read, understand, and agree to abide by the Code of Conduct. Should my conduct be considered unacceptable at any time in the opinion of the District Governor, RYLA Chair or member of the Admin Team or should I transgress any code above, I understand I will be dismissed from RYLA and will be sent home. I also understand that my parent(s)/guardian(s) will be contacted to pick me up immediately from Chapel Rock.

Delegate Name (Print): _____ Signature: _____ Date: _____

Print Parent/Guardian Name: _____ Signature: _____ Date: _____



DISTRICT 5500 RYLA WORKSHOP CONSENT FORM Delegate & Parents

In consideration of being accepted as a Delegate at the 2020 RYLA Workshop, I agree as follows (please initial each statement):

_____ PHOTO RELEASE: I give permission to have my photo taken and used to promote the Rotary Youth Leadership Awards Program (RYLA) on websites, presentations and in brochures.

_____ EMERGENCY MEDICAL TREATMENT AUTHORIZATION: I authorize the Rotary Youth Leadership Awards Workshop District 5500 **Committee to act for my child including seeking medical care in any emergency, accident or illness during the workshop.**

_____ RELEASE: I assume the risk for any injuries that I may sustain, or for any damage to any property of mine which may occur during the RYLA Workshop or while traveling to or from the Workshop. I hereby release and discharge _____ Rotary Club, its members, as well as Rotary District 5500 and Rotary International (hereinafter Rotary), and their agents and employees, from any and all claims, demands, causes of action, or damages of any kind whatsoever resulting from or arising out of my attendance and participation at the RYLA Workshop.

_____ INDEMNITY: I agree to indemnify, hold harmless, and defend Rotary from and against any and all claims, costs, expenses, or liability, including attorney's fees, for bodily injury, sickness, disease, or death, or to damage or destruction of property caused by, arising out of, resulting from, or incurred in connection with my participation at the RYLA Workshop.

I have read and understand the above agreements, and consent to all of the terms. I understand that if I cancel less than 10 days before RYLA due to a non-medical reason or other emergency, I may be required to repay the Rotary Club the \$400 scholarship cost.

Delegate Name (Print): _____

Signature of Attendee Date _____

Name of Parent/Guardian (Print): _____

Signature of Parent/Guardian Date: _____

Phone number of Parent/Guardian

It is required that any attendee who is under the age of 18 years must have his or her parent or guardian execute this RYLA Workshop Consent Form.

Participant Information and Permission Form (Chapel Rock)

DISCLOSURE: CHAPEL ROCK programs involve a variety of activities that often include warm-ups, games, group initiative problems, high and low ropes course elements, rock climbing, rappelling, kayaking, orienteering, and other rigorous physical adventure activities. **(The level of participation in a program activity is at all times completely up the individual.)** Trained professional staff conducts all programs; yet there is a risk which must be assumed by each participant that he/she may suffer an emotional or physical injury, disability or death. Every participant in CHAPEL ROCK programs is encouraged to have health/accident insurance coverage. In addition, certain health/medical information must be made known to the instructor(s) conducting programs, so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Please complete this form; it will be given to CHAPEL ROCK prior to participating in any activities.

Dates of Participation: January 17-20, 2020

PARTICIPANT INFORMATION:

Name _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Business Phone _____
Birth Date _____ Age _____ Gender _____ Height _____ Weight _____

1. Person to contact in case of emergency _____
Relationship to participant _____
Home Phone _____ Business Phone _____
2. Do you have health/accident insurance? _____ Yes _____ No
If yes, name of company and policy number _____
3. Do you have any limiting physical or mental disabilities or medical restrictions (temporary or permanent) that could present a hazard to yourself or others during the duration of this program? _____ Yes _____ No If yes, identify and explain _____

4. Are you currently taking medication (prescribed or otherwise; e.g., cold medicine)? _____ Yes
_____ No If yes, state what you are taking and for what condition _____

5. Do you have allergies, reactions to medications, any other medical limitations? _____ Yes
_____ No If yes, identify and explain _____
6. Have there been any recent major life changes? (E.g., job changes, death in the family, geographic move, etc.) _____ Yes _____ No

RELEASE OF LIABILITY: I understand that parts of the CHAPEL ROCK program 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 CHAPEL ROCK activities. I understand that each participant must assume the risk of physical injury that could result from any of these activities. I release CHAPEL ROCK, and its staff members, from all liability for any injury to me from participation in CHAPEL ROCK activities. I understand that these terms shall serve as a release of liability for my heirs, executors, and administrators and for all members of my family. I have carefully read this Disclosure and Release of Liability and fully understand its content.

Date

Delegate Signature

PHOTO/MEDIA RELEASE: I grant to CHAPEL ROCK, and persons acting for or through them, the rights to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself for use in materials they may create.

Date

Delegate Signature

PARENTAL WAIVER OF CLAIMS: Parental permission must be secured for participants who are not of legal age (18 years). If you are not yet classified as a legal adult, your parent(s) or legal guardian(s) must complete the following:

I/we _____ (parents' or guardians' name(s)) give permission for my/our child _____ (child's name) to participate in the CHAPEL ROCK program and associated field trip(s). Should my/our child become injured, I/we request that the trip leader or designated CHAPEL ROCK staff secure emergency medical services to aid my/our child, if in their judgment such services are necessary. I/we agree to incur any additional expenses associated with such action. As parents/guardians, I/we have decided (with or without) medical advice that my/our child is physically, mentally, and socially able to participate, and I/we acknowledge that any medical or accident insurance we consider necessary will be my/our responsibility to locate and purchase. Furthermore, I/we have read all sections of this form and do hereby release CHAPEL ROCK and its employees from liability for any damages, injuries or losses which may occur while said child is participating in this CHAPEL ROCK program.

Date

Parent or Guardian Signature (if participant is under age 18)

Date

Parent or Guardian Signature (if participant is under age 18)



DISTRICT 5500 RYLA WORKSHOP SPONSOR FORM
To be completed by the Sponsoring Rotary Club (NEW)

Name of Rotary Club: _____

Delegate being sponsored: _____

Rotary Club Contact: _____

Rotary Contact Cell #: _____ Email: _____

Club certification:

_____ Application has been reviewed for completeness (including medical & emergency contact numbers verified). **Incomplete applications will be returned to the Club to be completed.**

_____ Delegate has been interviewed and selected

_____ No refunds will be given for any delegate who cancels after December 10. A club may substitute an alternate delegate to fill this space. Otherwise the space will be given to the next delegate on the waiting list.

_____ If a delegate fails to follow the Delegate & Junior Counselor Code of Conduct or their conduct is considered unacceptable at any time in the opinion of the District Governor, RYLA Chair or member of the Admin Team, they will be dismissed from RYLA and sent home. **Both parent(s) and the Club Contact will be called. If the parents are unable or unwilling to pick up their son/daughter from Chapel Rock in a reasonable period of time, the Club agrees to come pick up the delegate and take them home.**

Signature of Club Contact: _____

Date: _____