

District 6760



2019 Rotary Youth Leadership Awards (RYLA) Application

Student Information (required)

Last Name: _____ First Name: _____ M.I. _____

Preferred Name for Badge: _____ Date of Birth: _____

Home Address: _____

City: _____ State: TN Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____ Gender: M F T-Shirt Size: _____

School: _____ Current GPA: _____

Fall 2019 Grade: 10th 11th Other
(please list year)

Parent/Guardian Information (required)

Parent/Guardian Name: _____
(Last) (First)

Emergency Contact Number(s): _____

E-mail: _____ Approx. # of Guests at Sat. Graduation: _____

Sponsoring Rotary Club Information (required)

Rotary Club Name: _____

Rotary Contact Person: _____
(Last) (First)

Phone Number(s): _____ Email: _____

Student Involvement

What Rotary Youth Services are you active in?

Please explain why you want to participate in the RYLA program? (Attach additional sheets, if necessary.)

Clubs and Organizations you belong to:

Awards/Honors: _____

Hobbies/Talents: _____

If you participate in sports, please list them: _____

Future Plans: _____

Work/Volunteer: Please list paid or volunteer work experience(s) and briefly describe it/them.

Student Medical Information (required)

Do you have physical, medical conditions or dietary restrictions? If so, please explain:

Known allergies: _____

Date of Last Tetanus Shot: _____

Physician's Name: _____ Physician's Phone: _____

Insurance Company: _____ Insurance Co. Phone: _____

Ins. Subscriber's Name: _____ Insurance ID Number: _____

May acetaminophen (such as Tylenol) be given to the student? _____ Yes _____ No

May stomach remedy medicines (such as Pepto Bismol) be given to the student? _____ Yes _____ No

Any additional information or special instructions: _____

**PLEASE ATTACH A COPY OF THE
STUDENT'S HEALTH INSURANCE CARD
TO THIS APPLICATION**

Photo Release

At various times throughout the RYLA Program, Rotary District 6760 representatives will be taking digital images, photographs, and/or videotapes of the program for public educational, promotional and/or informational purposes. When/if you or your child's likeness or image is used in a publication, there will be no identifying information provided (i.e. child's name, personal information) and no compensation.

I give permission to representatives of the RYLA Program and Rotary District 6760 to take and publish, in print, electronic, or video format, the likeness or image of my child and/or myself.

**PLEASE ATTACH A COPY OF THE
STUDENT'S HEALTH INSURANCE CARD
TO THIS APPLICATION**

Name of Student: _____

PARENTAL/GUARDIAN AUTHORIZATION: I do voluntarily consent to said minor's participation in all activities of the Rotary Youth Leadership Awards Camp (RYLA) to be held at Austin Peay State University, June 11 - 15, 2019. I understand that this leadership camp could involve physical activities including elevated rope apparatus high off the ground. Although these activities are well supervised by adults there is always an inherent risk of physical injury to the participant and I'm willing to have my child participate.

Initial: _____

MEDICAL TREATMENT RELEASE: I assume responsibility for any medical or treatment/transport fees or costs incurred directly or indirectly because of said minor's participation. I also authorize the representative(s) of Rotary District 6760 to arrange for professional care and treatment in case of medical emergency. I hereby give permission to the physician selected by the Rotarian(s) to hospitalize secure professional treatment for and/or to order injections, anesthesia and/or surgery for the minor named above.

Initial: _____

INDEMNIFICATION/HOLD HARMLESS: In consideration of the Rotary Club, Rotary District 6760 and Austin Peay State University, I permit this minor to participate in Rotary Youth Leadership Awards (RYLA) and to engage in all activities related to the weekend program. I hereby assume the risk associated with participation & agree to hold the Rotary Club, Rotary District 5300, and Austin Peay State University, its committees, employees, as agents, as representatives, and volunteers harmless from any and all liabilities, actions, causes of action, claims or demand of any kind & nature whatsoever which may arise by or in connection with said minor's participation in any activities related to the Rotary Youth Leadership Awards (RYLA). The terms here shall serve as a release & the assumption of the risk for said minor, his or her heirs, estate, executor, administrator, and assignees as well as members of the family.

Initial: _____

I also take full responsibility for any valuables that the above-named participant takes to this camp, that could get lost or stolen and I am fully aware I have been advised that said minor should not bring any valuables. I hereby give permission for Rotary to post pictures of said minor participating in this event in Rotary publications including on its websites, social media, presentations, etc.

Initial: _____

I further consent to permit authorized Rotarians to contact said minor after the Rotary Youth Leadership Awards (RYLA) with respect to other Rotary programs and activities.

Initial: _____

A photocopy of this form is as valid as the original.

Initial: _____

Rotary District 6760 Participant Code of Conduct

You have been selected for this Rotary Youth Leadership Awards program (“Program”) because you have been identified as a leader. This program will enhance your personal abilities and give you the opportunity to meet and share ideas with other leaders. Our speakers, activities, and discussion groups will provide you with many positive and helpful approaches to personal growth.

Rotarians are looking forward to sharing the RYLA experience with you. Please attend all assigned activities.

While we require your acknowledgement of this Code of Conduct, as leaders, we are confident that you will behave in a manner your parents and sponsoring Rotarians would be proud of. Should any participant’s conduct be considered unacceptable at any time by RYLA officials, that participant’s parents/guardians will be contacted immediately to remove them from the Program.

We want the next RYLA to be welcome at APSU. Please leave the facilities and grounds as clean as when you arrived. Follow the requests of staff, report damage or breakage immediately to your Small Group Leader.

You are encouraged to approach all Rotarians or staff for assistance at all times.

Procedures and Rules

General:

1. You have made a commitment to attend RYLA from Tuesday to Saturday afternoon. If a conflict arises, and you can’t attend the whole weekend, contact your sponsoring Rotary Club immediately per RYLA Cancellation Policy.
2. Transportation is NOT provided to or from the Program. Participants are expected to make their own arrangements with Parents/Guardians, or alternatively with their sponsor Rotary Clubs.
3. Help us maintain security at RYLA by wearing your nametag at all times.
4. If any person is injured or becomes ill, do not move him/her. Immediately contact your Small Group Leader, Rotarians, APSU staff, or call 911 if appropriate.
5. If you take medications, whether prescribed or “over-the-counter”, each participant is responsible for retaining and securing medications in original containers and consuming only as prescribed.
6. Tobacco, alcoholic beverages, dating and illegal drugs are not permitted at RYLA. A single violation will lead to dismissal from the Program.
7. Remain on site in designated areas. Do not leave the APSU Campus.
- 8. Use of cell phones and other electronic devices for texting and voice conversations is not permitted during meetings, activities or meals. If used inappropriately, they will be confiscated until the end of the day.**
9. Treat everyone with respect. Discriminatory, foul or abusive language, physical violence or threats, or sexual or lewd misconduct will not be tolerated. These behaviors will result in removal from the Program.
10. Any Participant that is removed from the Program for non-compliance with the Code of Conduct, will be responsible for reimbursing the sponsoring Rotary Club for the entire \$400 sponsorship fee that was paid by the Sponsoring Rotary Club within 14 calendar days.

Dormitories:

1. You will be assigned to a room with other participants. Select your bed and stow your personal gear in the space provided. Respect each other’s belongings and space.
2. Lock your room at all times.
3. You will not be able to return to your room except at specific times in the schedule.
4. Be in your Room by “Lights-Out”. Talking is allowed as long as it does not disturb others in your room.
5. Remain in your room throughout the night.
6. There are separate Dormitory areas for males and females. Do not enter a room or Dormitory that is not assigned to you. Males are not allowed in female Dormitory areas, and visa versa.

Small Group:

1. You will be assigned to a small leadership group. A RYLA Staff Member will be your Small Group Leader. You will meet your group in your designated area to participate in discussion groups, meetings and activities as a group throughout the Program.
2. Be on time to all meetings and remain in the meeting according to the schedule.

Dining:

1. Participants are responsible for notifying RYLA staff of any special dietary needs or allergies.

Student Signature:

The RYLA program is an intensive leadership experience; and thus, **partial attendance is not allowed**. All applicants must be certain that full attendance will occur, if selected. As the student applicant, by my signature, **I hereby commit to attend the entire 2019 District 6760 RYLA Program at Austin Peay State University** from June 11 to 15, 2019, if selected for attendance. I have read the Code of Conduct and agree to honor it.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature

As parent/guardian, by my signature, I realize that participation in the RYLA Program is voluntary; and thus, will not hold the sponsoring Rotary Club, Rotary Youth Leadership Awards, Rotary District 6760, Rotary International, or any RYLA staff people and contractors liable for possible injury or loss that may occur during the program. I am also aware of and agree to comply with the policy of attendance, as stated above **partial attendance is not allowed**. I understand that transportation to and from RYLA at the APSU campus is not provided.

\$400 RYLA Cancelation Fee Acknowledgement

The Rotary Youth Leadership Awards (RYLA) program is funded through sponsorships by local Rotary Club and made possible by hundreds of volunteer hours from Rotarians. Each Rotary Club pays \$400.00, raised in the normal course of fundraising, to fund each Student’s attendance. Since we solicit and collect donations from the public at large, we are obligated to be responsible stewards of these donations. **Our loss of these funds, caused by a student’s failure to attend, requires us to charge a cancelation fee.**

Commitment to Reimburse

I, _____, (print Parent/Guardian’s name) hereby commit to reimburse the Rotary Club providing my student’s program fees to attend RYLA if for any reason my student fails to attend or withdraws before any qualified substitute could be found. Any student who fails to cancel after 15 days prior to the Friday start of the program will be subject to this cancelation fee. Prorated reimbursements may be accessed, at the sole discretion of the RYLA committee, should my student arrive late or need to leave the program early.

Parent Signature: _____ **Date:** _____

Sponsoring Rotary Club Signature

As the representative of my District 6760 Rotary Club, by my signature, I confirm my Rotary Club's sponsorship of the above named student applicant. I understand that it is my responsibility to assure that payment for my club's sponsorship is attached to this application, when submitted. We acknowledge the cancellation policy.

Club Representative Signature: _____ Date: _____

Completed applications can be mailed with payment by April 1st to:

District 6760 RYLA Committee
c/o Robert L. Huffman
3925 Sango Road
Clarksville, TN 37043

Email: bob.huffman@ryla6760.org
Phone: 931-265-7452

Checks Payable To: "District 6760 – RYLA"

Application Checklist

To apply for the 2019 Rotary Youth Leadership Awards (RYLA), submit all of the following:

- This completed application (all 5 pages)
- Copy of student's (or parent's) Health Insurance Card
- Fee payment (paid by the Sponsoring Rotary Club; Payable to 'District 6760 – RYLA')
 - \$400 for each participant
- Completed applications must be post marked by April 1st to:

District 6760 RYLA Committee
c/o Robert L. Huffman
3925 Sango Road
Clarksville, TN 37043

Application Process/Timeline

Jan. 1-15 th	Application materials made available to District 6760 Rotary Clubs
Jan 15 th :	Rotary Club provides application materials to prospective RYLA applicants
Mar. 1 st	RYLA applicants complete application materials and return to Rotary Club
Apr. 1 st	Rotary Club forwards applications (with \$400 payment) to the RYLA committee
May 1st	Official 2019 District 6760 RYLA Acceptance Letters sent to selected RYLA participants
Jun. 11 th	RYLA program begins with check-in at 9:00 am
Jun. 15 th	RYLA program ends with graduation, which will be held from 1:00 pm to 3:00 pm

Schedule

**APPLICATION TO PARTICIPATE IN OUTDOOR
RECREATION ACTIVITIES
WAIVER OF LIABILITY AND ASSUMPTION OF RISK**

1. I, the undersigned, wish to participate in activities at the Fort Campbell Outdoor Recreation program (involving shooting sports, paintball, races and games, team building activities, challenge course programs, obstacle courses, canoeing, kayaking, horseback riding, archery, mountain biking, and other programs). I understand that all outdoor recreational activities involve certain inherent risks. Those risks include, but are not limited to, injury due to slips and falls, to ricochets, weapon malfunction, targets, equipment, and obstacles. In addition, I realize that these risks could result in maiming injury or death. I understand and certify that in order to help reduce those risks, I will follow procedures and use equipment only as instructed by Outdoor Recreation staff.
2. Despite these risks, and fully understanding such risks, I wish to participate in outdoor recreation activities and hereby personally assume the risks of participating in these activities. I also hold harmless the U.S. Army, Fort Campbell, the Directorate of Family, Morale, Welfare and Recreation and the Fort Campbell Outdoor Recreation and any of its representatives not responsible for any accidents or thefts while recreating on post.
3. I further certify that I am at least 18 years of age or older or that my parent or legal guardian has signed below.
4. I, the Parent/Legal Guardian, of any minor participant in the outdoor recreation activities, have read and fully understand the above statement. I hereby assume responsibility of all risks and injuries that may occur while participating in outdoor recreation activities.
5. By virtue of my signature, I acknowledge and agree to all terms and conditions. I understand that I am responsible for my own well-being and health while participating in said Outdoor Recreation activity. I accept the health risks associated with said activity and certify that I am of proper health to participate.

Printed Name of Participant _____ Age _____

Signature of Participant (if adult) _____ Date _____

Parent/Guardian Signature (if minor) _____ Date _____

Things to bring

- A Great Attitude!
- Bed linens (extra-long twin), Mattress Pad, Pillow and Pillow Case **or a Sleeping Bag**
- Cover / Comforter (the building is air conditioned) **or a Sleeping Bag**
- Bath Towel, Hand towel
- Toiletries, etc.
- Casual, Comfortable Clothes for 4 ½ days
- Tennis Shoes / Sneakers **(Closed Toe Shoes are Mandatory for many events!)**
- Our Academic Room is Air Conditioned (Read as **COLD**) bring a fleece or sweatshirt as necessary.
- **Rain Gear and sunscreen.** There will be outdoor activities regardless of weather.
- “Award Ceremony Clothes” – Pictures will be taken of your award being presented to you. No, it doesn’t need to be a coat and tie, just something a little nicer.
- Photo ID
- Money – All your meals and needs are paid for by your sponsoring Rotary Club and District 6760. You only need to bring a small amount of money for vending machines or other incidental expenses, if you so desire.
- Cell Phone – You may bring a cell phone with you. **However, they must be left in your residence hall room, during all days’ events.**
- Electronic Devices – You may bring personal music devices like CD players, iPods, etc., but these may only be used during your free periods. You will be responsible for their security, if you choose to bring them.

Things NOT to bring

- Anything that may be taken for a weapon (pocket knife, etc.)
- Any potentially dangerous materials (fireworks, an elephant, etc.)
- Distractions. The RYLA program is an intensive leadership experience; and thus, students’ full participation and active involvement is necessary.
- Tobacco, alcohol or illegal drugs.

Cancelations

Cancelations on or after April 30th will result in no refund of any payment made. Rotary Clubs may choose a replacement, when possible, as determined by the RYLA committee. If it is possible for the Rotary Club to choose a replacement in a timely manner, all necessary paperwork must be submitted for the replacement student, by June 1st. If it is NOT possible for the Rotary Club to choose a replacement, as determined by the RYLA committee, the RYLA committee may choose a replacement (possibly from another club) without a refund of the original club’s fee payment.

More info

www.ryla6760.org