



ROTARY DISTRICT 7930

ROTARY YOUTH LEADERSHIP AWARDS

May 8-10, 2020

STUDENT APPLICATION

Application Process

1. Students in **grades 10 or 11 (sophomore or junior)** are eligible to attend RYLA.
2. **STUDENTS--** Please complete and sign page 2 and 3 of this application and attach a typewritten essay of at least one and not more than two double-spaced pages that describes all three of the following:
 - a. Your most rewarding leadership experience and the role you played in making it a success
 - b. A leadership experience that didn't go the way you expected and what you learned from it
 - c. A situation that frustrates you and your top three ideas for improving it
3. Both the student and parent / guardian must sign the form. "In addition, the Medical Form must be signed by the students Doctor.
4. **A \$25 application fee made payable to Rotary District 7930** must be submitted with the application. This fee will be refunded to any applicant who is not selected to participate in this program. The sponsoring Rotary Club will cover all other program fees for selected applicants.
5. **This application, including Medical Information & Release Form, essay and \$25 student payment, and Camp Glen Brook CONSENT & DIETARY NEEDS form must be submitted no later than April 1 to:**

Sponsoring Rotary Club: _____

Rotary Club RYLA Chair & Contact Information: _____

Sponsoring Rotary Club Mailing Address: _____

STUDENT APPLICANTS SHOULD RETAIN PAGE 1 OF THIS APPLICATION FOR ROTARY CONTACT INFORMATION

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6. **Once The Sponsoring Rotary Club has approved up to five applications, all approved applications (including essays and student application fee of \$25) and \$325 per student payment must be submitted by April 15 to:**

Tracy Arabian 33 Maplewood Avenue, Unit 206, Gloucester, MA 01930

TO BE COMPLETED BY STUDENT:

PLEASE PRINT LEGIBLY

Sponsoring Rotary Club *(from page 1 of this application)*: _____

Applicant Name: _____

School: _____

Mailing Address: _____

Mailing City, State Zip Code: _____

Best Phone Number: _____

Email: _____

Grade: 10 11 Age: _____ Sex: _____ T-shirt Size: M L XL XXL

The RYLA program takes place at **Camp Glen Brook**, located in Marlborough, NH. Transportation will be provided to all students to/from the camp from the Anderson Transportation Center in Woburn, MA. I understand that the effectiveness of this program for myself and the other attendees depends on my ability to be at Camp Glen Brook continuously during the entire program, to participate in conference activities (including outdoor activities and activities requiring a moderate amount of physical exertion), and to follow the RYLA Rules of Conduct (see attached) in a manner appropriate and consistent with the values and guidelines of my school district.

Date _____ Student Signature _____

Date _____ Parent/Guardian Signature _____

Thank you for applying

May 8-10, 2020

STUDENT APPLICATION

TO BE COMPLETED BY PARENT/GUARDIAN:

PLEASE PRINT LEGIBLY

Understanding that all reasonable precautions for safety will be taken, I grant members of the RYLA District Committee permission to authorize emergency medical treatment by a medical doctor or hospital.

I understand that RYLA representatives may take photographs, videotape, or digital recordings of my student over the course of the weekend, **and I agree** that RYLA and Rotary District 7930 may use such media, with or without my student's name, for any lawful purpose including publicity, illustration, advertising, and web content.

Except for the \$25 application fee paid by students, the full cost of the RYLA weekend will be paid by a Rotary Club. If the student does not attend the weekend and does not provide at least 72 hours advance notice of their non-attendance, the family will be invoiced for the full cost of the weekend.

I have read the attached RYLA Rules of Conduct, and ensure that my son/daughter, if accepted, will be in full compliance.

Date _____ Parent/Guardian Signature _____

IN CASE OF EMERGENCY, PLEASE CONTACT: (please print)

Name

Relationship to Student

Work #

Home #

THIS APPLICATION MUST BE ACCOMPANIED BY THE 2020 MEDICAL INFORMATION & RELEASE FORM AND THE CAMP GLEN BROOK CONSENT & DIETARY NEEDS FORM.

Thank you for your interest in RYLA!



ROTARY DISTRICT 7930
ROTARY YOUTH LEADERSHIP AWARDS

2020 MEDICAL INFORMATION & RELEASE

If selected and able to attend RYLA, this information will be provided to our trained medical staff. Staff member will be on-site at Camp Glen Brook for the duration of the RYLA, and this information will be in their possession at all times. A parent or guardian must complete this form, and it is important that the information is complete and accurate.

Student's Name: _____

Town: _____ Age _____ Sex _____

Emergency Contact (please print):

Name Relationship to Student

Best Phone Number Alternate Phone Number

Please list your student's allergies, if any:

Please list and explain any health conditions or physical limitations:

(continued on next page)

Please list all medications (prescription and over the counter) that your student will bring to RYLA.
 Include as-needed and emergency medications.

Medication Name (as labeled)	Dosage	Time(s) Taken (e.g., "with lunch" or "bedtime")

IMPORTANT: All medications must be in the original container. Medications will be administered by medical staff, and must be given to the staff member at registration. If your student must carry emergency medication (such as an inhaler), and may self-administer, please note under "Times Taken."

Provider Information:

Student's Primary Care Doctor: _____ Telephone: _____

Student's Health Insurance Provider: _____

Student's Primary Care Doctor Signature: _____ Date: _____

I hereby give permission for my student to participate in the above-mentioned school-related student trip(s). All health information provided by me for RYLA is correct and accurate to the best of my knowledge. I authorize trained medical staff to assist my student with his/her medication as my student's healthcare provider or I have directed, if needed. In addition, in the event of accident or sudden illness while at Camp Glen Brook or in transit, I authorize RYLA personnel to have my student transported by EMS to the nearest hospital and authorize treatment as may be deemed necessary in an emergency for the health of said student. In the event physician(s), parent(s), or other persons designated by the parent cannot be contacted, RYLA personnel are hereby authorized to take whatever action is deemed necessary in their judgment for the health of said student.

 Parent/Guardian's Signature

 Date

RYLA Rules of Conduct:

1. **Students must ride on the bus transportation to be provided by Rotary District 7930 to Camp Glen Brook in New Hampshire to and from RYLA.**
2. Students are part of a family / team at RYLA, and coming late or leaving early disrupts the learning environment. We require students to be at the camp for the entire duration of the program.
3. Students will attend and participate in all scheduled meetings and activities.
4. Students will conduct themselves at meals, in the family cabins and during all activities in a manner that will bring credit to themselves, their schools, their families, and their sponsors.
5. **SMOKING IS PROHIBITED.** This is to respect all participants and to avoid potential fire hazards.
6. **ANY MEDICATIONS**, whether prescribed or “over-the-counter”, must be identified on the containers and given to the Medical Staff for medication administration. Inhalers and epi-pens may be kept by the students as long as Medical Staff are notified that the student is in possession of such medication.
7. **Alcohol, Drugs and Unidentified Medications are NOT ALLOWED anywhere at any time.** Any student in possession of ANY of these items will be immediately discharged from the program.
8. Recreation activities are limited to those periods of the day and evening available for such activities.
9. **Injuries** must be reported immediately to the Medical Staff.
10. Personal music devices are permitted during free time, evenings and scheduled breaks.
11. **Cell Phones** can be a distraction from full participation in the program. If you wish to use the camera on your cell phone, you may keep it with you during the day for **camera use only. Cell phones being used for texting, social media, or phoning during the day—either incoming or outgoing—is prohibited. Misuse of the cell phone may result in camera privileges being rescinded and phones being turned off.** Cell Phone use is allowed only in and around the sleeping cabins between the conclusion of the last scheduled activity and “Lights Out.”
12. Every activity at RYLA involves solving a problem with your family. If you receive notifications via your cell phone during activities, this will impact how you respond to the activity and can negatively impact you and your family’s experience. **If you are found using your cell phone for any communications during the day, you will be asked to surrender it for the remainder of the weekend.**
13. **LIGHTS-OUT** means quiet in the cabins with the lights out. We have a full program schedule and it is important to be well rested to get the full benefit of the program.
14. **Meals** “Family” meals are to be taken together with your discussion group members. “Open Seating” meals are intended for meeting other students and sharing your weekend experience with them as you wish. Each group is responsible for cleaning their eating area after each meal.

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CONSENT FORM & DIETARY NEEDS

Camp Glen Brook, Marlborough, NH 03455 (603) 876-3342 or office@glenbrook.org

To be completed by Parent or Guardian (if under 18)

This form must be completed and signed before participation in Glen Brook programs.

Participant's Name _____ School/Program: _____

CONSENT: Consent is hereby given for the applicant to attend a Glen Brook Outdoor Education program. I understand that each participant must bring clothing and bedding appropriate for comfort and warmth given the time of year. I agree that Camp Glen Brook, its agents and employees, shall not be liable for any injury to the above named participant during the program or during transport in Glen Brook vehicles unless caused by its or their gross negligence or willful misconduct. In the event I cannot be reached, I give permission for administration of emergency medical and/or surgical treatment deemed necessary by the Glen Brook staff or a local physician. Some Glen Brook trips/programs are operated on public and private lands, including but not limited to lands owned or managed by The State of New Hampshire, The State of Maine, White Mountain National Forest, The Nature Conservancy, The United States Government, and North Maine Woods Inc. I agree to indemnify and hold harmless the above-named agencies, companies, and organizations from any and all claims.

Signature _____ Date _____

Printed Name _____

Photo Release: I hereby allow Glen Brook to use photographs or images of my child for appropriate promotional materials.

Signature _____ Date _____

Printed Name _____

DIETARY NEEDS *(please check all that apply):*

___ Vegetarian ___ Vegan ___ Gluten Free

Allergies *(please list mild, moderate, severe next to each allergy):*

Dairy:

Nut(s) (list specific nuts):

Other food allergies: