

District 5390 Rotary Youth Leadership Academy
July 12-16, 2022
Standards of Conduct and Medical Release Form
To Be Completed by Selected RYLA Camper & Parent/Guardian

I understand that the Rotary sponsored Youth Leadership Academy will be held at Luccock Park near Livingston, MT from Tuesday July 12, 2022 to Saturday, July 16, 2022. I agree to make myself available for those dates and to abide by the standards of conduct described herein. **If I must cancel my attendance, it will be done prior to May 31, 2022.**

Camper Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone Number: _____ Male Female

Signed: _____ Date: _____

STANDARDS OF CONDUCT

All campers are expected to adhere to certain Standards of Conduct while at camp. If any camper is found to be in violation of the following standards, his/her parents will be notified, and the camper may expect to return home immediately at the parent's expense.

1. In possession or use of illegal drugs, alcoholic beverages or tobacco.
2. Theft, misuse, or abuse of public or personal property.
3. Sexual misconduct.
4. Possession of weapons or firearms.
5. Unauthorized absence from the premises of the RYLA camp grounds.
6. Unauthorized visitation in sleeping rooms occupied by delegates of the opposite sex.

These guidelines are not "all inclusive". The RYLA Staff reserves the right to make adjustments to these policies. Exercising good judgment will prevent occurrences that are not in the best interest of campers. Curfew violation, failure to participate in the activities of the camp, unauthorized use of vehicles, inviting non-campers to visit and disturbing the peace are example of disruptive activities. The discretion of the RYLA Staff will determine which penalties may be imposed.

TO BE COMPLETED BY THE PARENT/GUARDIAN

- The applicant named above has my/our consent to participate in the RYLA 2022 Camp.
- I/we further understand that all reasonable precautions for safety and security will be taken.
- I/we authorize any one of the responsible adult members of the RYLA Staff to authorize necessary emergency medical treatment by any available medical doctor or hospital.
- I/we certify that any and all health issues have been disclosed and that the information provided below is true and correct.
- I/we understand that my child will be required to dress appropriately (clothing not allowed at school is not allowed at camp: short shorts, offensive t-shirts, revealing tops for girls, open toed shoes/sandals, etc.)
- Other than unforeseen emergencies or illness, my child's attendance will not be cancelled after May 31, 2022 as this may put a financial burden on the sponsoring Rotary Club. (Fees paid by the club cannot be refunded in full after this date.)**

I have read the above Standards of Conduct and attached camp rules and ensure that my son/daughter will be in full compliance. I understand and agree that my child may be sent home at any time because of inappropriate behavior and/or violation of the Standards of Conduct. Further, it is my responsibility to arrange immediate transportation for my child to return home.

Date: _____ Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

Emergency Telephone: Day _____ Night: _____

Name of Family Physician/Doctor
(Please complete page 2)

Physician Phone Number

Medical Information for Applicant:

If you answer YES to any of these, please provide details/information below or attach a separate sheet.

CONDITION	Yes	No	CONDITION	Yes	No	CONDITION	Yes	No
Food Allergies			Heart Condition			Stomach Problems		
Anaphylactic Allergies			Behavior Disorder			Restricted Physical activity		
Diabetes			Bleeding Disorder			Need physical accommodation: I.e. wheelchair, etc.		
Asthma			Migraine Headaches					
Epilepsy			Menstrual Problems			Current Tetanus Shot		
Is your child under the care of a physician at the current time?								

If your child will need to bring medication with them to camp, please list them below. ALL prescription medication MUST be given to the camp nurse/medic to be dispensed.

Name of Medication	Dosage	Frequency

Medical Insurance Provider _____ Policy # _____
 Insured's Name (usually a parent) _____

IF YOU DO NOT HAVE MEDICAL INSURANCE, please complete the following: In the event emergency medical treatment is needed, I give my permission to have my child treated and that I will be responsible for paying the resulting medical bills:

Printed Name _____ Signature _____

If you marked YES in the Health Questions please provide information here: _____

If your child must be restricted from any camp activities, please explain here: _____

PARENT OR GUARDIAN: Complete and return this original form to your sponsoring Rotary Club's RYLA representative no later than June 1, 2022. The RYLA Staff must have this form in order for a camper to be accepted at camp on July 12th.