

# Rotary Youth Leadership Awards Camp (RYLA)



## 2016 Registration Form

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## Rotary Youth Leadership Awards (RYLA) Camp

RYLA is a camp focusing on leadership, developmental topics of interest and recreational activities. Approximately 50 students will attend each camp. Get your application in early as the camp does fill up.

**Return completed application to your local Rotary Club**

**BASIC RYLA** August 1 to August 6, 2016. Must be 12, 13, or 14 years old for Basic Camp.

**ADVANCED RYLA** August 8 to August 13, 2016. Must 15, 16, or 17 for Advanced Camp.

**CAMP LOCATION:** Anglican Church Camp, Clear Lake

Successful students will receive confirmation from their Rotary Club. Information about the RYLA program will come from the District mid-July.

**Return application to your local Rotary Club by June 15th.**  
**Please fill out all the information in the application. (PLEASE PRINT)**

☐ **Basic**    ☐ **Advanced**

**Name of Student** \_\_\_\_\_  
Legal Given Name \_\_\_\_\_ Family Name \_\_\_\_\_

**Student Normally Called (nickname)** \_\_\_\_\_ **Sex:** M ☐ F ☐

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Province** \_\_\_\_\_ **Postal** \_\_\_\_\_

**Residence Telephone Number (\_\_\_\_)** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

**E-Mail Address** \_\_\_\_\_

### Names of Parents or Legal Guardians

(Parent/Guardian) \_\_\_\_\_ E-Mail \_\_\_\_\_ Phone # \_\_\_\_\_  
Preferred

(Parent/Guardian) \_\_\_\_\_ E-Mail \_\_\_\_\_ Phone # \_\_\_\_\_  
Preferred

Is either parent/guardian a Rotary Member? Yes ☐ No ☐

T-shirt size (adult size – select one)    Small ☐    Medium ☐    Large ☐    X-Large ☐    2X-Large ☐

**Name of High School** \_\_\_\_\_  
**Complete Address** \_\_\_\_\_

Have you even been involved in any other Rotary youth program?    Yes ☐    No ☐

What recreation, hobbies, sports, musical and cultural activities do you participate in?

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What other information can you give to enable a better assessment to be made of your potential for selection?  
(Achievements, Awards, Talents, etc.)

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Why are you interested in this Rotary Youth Leadership Camp and what do you hope to gain that will help you with your present and future plans?

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List four (4) topics that you would like to learn more about.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**CAMP AGREEMENT:**

If I am accepted as a delegate, I fully understand that attendance to this camp is a privilege and fully agree to abide by all the regulations established by the officials of the Rotary Youth Leadership Awards Camp. I will strive to be a worthy representative of my school and community by contributing my best efforts towards the success of the Camp. I understand that a refund WILL NOT be provided if I am unable to attend. However, an alternate attendee will be accepted without any penalty. I understand that this is a smoke-free environment and agree to respect this regulation. I am fully covered by appropriate medical insurance. I understand that I am required to attend all meals, classes, and activities. This is a closed camp and no visitors or friends will be allowed while camp is in session. I understand that I will not be permitted to leave the campground during the camp.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

My son/daughter has permission to participate as a delegate at this Rotary Youth Leadership Awards Camp and understands the camp agreement

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## PLEASE SIGN THIS MEDICAL FORM AND AUTHORIZATION ATTACHED

Name of Camper: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ day # \_\_\_\_\_ evening # \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ day # \_\_\_\_\_ evening # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_  
(Other than Parent/Guardian.)

Relationship to applicant: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Physician's Phone # \_\_\_\_\_

Medical Number \_\_\_\_\_ Please bring medical cards to camp.

Do you have any specific medical condition or allergies? Yes ☐ No ☐

If yes:

Medical Condition/Allergy Information: \_\_\_\_\_

\_\_\_\_\_

List any medications you require to bring: \_\_\_\_\_

\_\_\_\_\_

If selected yes, please remember to bring your medical information card and all your medicines

## Camper Release, Indemnity, Medical and Photography Authorization Form

In consideration of the acceptance of my child (Please print) \_\_\_\_\_,  
As a participant in the Rotary Youth Leadership Awards Camp, I the undersigned parent/guardian, hereby release and discharge RYLA from any and all claims, demands, actions and causes of action which I may have for any damages, loss or injury suffered by my child or incurred by my child and resulting directly or indirectly from the participation of such child in the program.

I hereby undertake to indemnify RYLA and its agents, volunteers and employees and hold them harmless from and in respect of any and all claims, demands, actions and proceeding which may be brought by or on behalf of my said child against RYLA camp arising out of his/her participation in the aforesaid program and in respect of any damages, loss or injury incurred by him/her during or as a result of such participation, including all costs and expenses incurred in defending any and all such claims, demands, actions and proceeding.

### MEDICAL AUTHORIZATION:

I hereby understand that emergency measures may be necessary to safeguard my child's health and authorize the staff of the RYLA camp program to make any and all decisions regarding the emergency treatment of my child.

### PHOTOGRAPH AUTHORIZATION:

I also understand RYLA retains the right to use for publicity and advertising purposes, photographs of campers taken at camp. No names are used with photographs for the protection of the child.

I, \_\_\_\_\_ (Parent/Guardian) have read and understood and agree with the Release, Indemnity, Medical and Photography Authorization above.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_

Signature (Parent/Guardian) \_\_\_\_\_

Signature (Parent/Guardian) \_\_\_\_\_

**FOR THE ROTARY CLUB TO COMPLETE:**

Rotary Club of \_\_\_\_\_

City/Town \_\_\_\_\_ Prov \_\_\_\_\_

Rotary Contact \_\_\_\_\_ Phone # \_\_\_\_\_  
Preferred

E-mail \_\_\_\_\_

Alternate Rotary Contact \_\_\_\_\_ Phone # \_\_\_\_\_  
Preferred

E-mail \_\_\_\_\_

**PLEASE CHECK THAT THE FOLLOWING ACCOMPANIES THIS REGISTRATION**Registration Complete ☐Registration Fee ☐Photo Attached ☐**ROTARIANS, Forward your selected student's application(s), registration fee payable to RYLA:**

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