



APPLICATION INSTRUCTIONS

All applications must be filled out digitally, printed, signed by student and parents and presented to sponsoring Rotary Club.

Hand written applications will not be accepted.

Please provide a passport size photo with application

If you do not have a sponsoring Rotary Club send to the Rainie Martinez.
(information is on last page of application)

We will attempt to match you with a Rotary Club but no guarantees.

In the event of overbooking, new campers will be given preference over returning campers.

2018 CAMP REGISTRATION FORM

Rainie Martinez, Registrar
20B Nollet Avenue
Regina, SK S4T 7P9
PHONE 306-550-9383
E-MAIL ryladistrict5550@gmail.com
www.clubrunner.ca/5550



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

CAMP LOCATION Anglican Church Camp, Clear Lake

BASIC RYLA July 30 – August 4, 2018. Must be 12, 13, or 14 years old (by start date) for Basic Camp.

ADVANCED RYLA August 6 – 11, 2018. Must 15, 16, or 17 (by start date) for Advanced Camp.

Successful students will receive confirmation from the registrar and information about program in mid-July.

Return application to your local Rotary Club by June 15th.

Please fill out all the information in the application. (DIGITAL ONLY)

Basic

Advanced

Name of Student _____

Legal Given Name

Family Name

Preferred Name (nickname) _____

Gender M F

Address _____

City _____ **Province** _____ **Postal** _____

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

Student

E-Mail Address _____ (if applicable)

Name of High School _____

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

Travel Requirement None Regina Yorkton Winnipeg Brandon

Have you even been involved in any other RYLA programs? Yes No If yes, Basic # of yrs ____ Advanced # of yrs ____

Names of Parents or Legal Guardians

(Parent/Guardian) _____ **E-Mail** _____ **Phone #** _____
Required (Print Clearly) Preferred

(Parent/Guardian) _____ **E-Mail** _____ **Phone #** _____
Required (Print Clearly) Preferred

Is either parent/guardian a Rotary Member? Yes No

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

For the selection process, provide any information that will highlight your achievements, awards, and talents.

Why are you interested in the Rotary Youth Leadership Assembly camp?

What do you hope to gain that will help you with your present and future plans?

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

1. _____ 3. _____
2. _____ 4. _____

Is there anything else the camp organizers and councillors should know about you? _____

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 Assembly 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 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

PLEASE SIGN THIS MEDICAL FORM AND AUTHORIZATION ATTACHED

Name of student _____

Parent/Guardian _____ **Preferred Phone #** _____

Parent/Guardian _____ **Preferred Phone #** _____

Emergency Contact _____ **Preferred Phone #** _____
(Other than Parent/Guardian)

Relationship to student _____

Family Physician _____ **Physician's Phone #** _____

Health Card Number _____ *Please bring health card to camp.*

Do you have any specific medical conditions or allergies? Yes No

(Please include if you have ever suffered from depression and/or other psychological conditions.)

If yes, please explain: _____

List any medications you require to bring: _____

Please remember to bring your medical information and all your medicines.

CAMPER RELEASE, INDEMNITY, MEDICAL AND PHOTOGRAPHY AUTHORIZATION FORM

In consideration of the acceptance of my child (student name) _____, as a participant in the Rotary Youth Leadership Assembly 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 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. My son/daughter has permission to participate as a delegate at this RYLA camp and understands the camp agreement.

Dated the _____ **day of** _____ 20 _____

Signature (Parent/Guardian) _____

Signature (Parent/Guardian) _____

FOR THE ROTARY CLUB TO COMPLETE:

Rotary Club of _____

City/Town _____ **Province** _____

Primary Rotary Contact _____ **Phone #** _____

E-Mail Address _____ Preferred

Alternate Rotary Contact _____ **Phone #** _____

E-Mail Address _____ Preferred

Have you met the proposed camper? Yes No

Do you endorse them? Yes No

Any Additional Comments? _____

PLEASE CHECK THAT THE FOLLOWING ACCOMPANIES THIS REGISTRATION

Complete Registration Registration Fee Photo Attached

**ROTARIANS, forward your selected student applications via e-mail (preferred) or mail.
Registration fee(s) are to be made payable to RYLA and sent via mail to:**

c/o Rainie Martinez
20B Nollet Avenue
Regina, SK S4T 7P9
E-MAIL ryladistrict5550@gmail.com