



**CAMP RYLA 2023
CAMPER APPLICATION
Rotary Youth Leadership Awards**



**District 5770
Bob Usry
PO Box 1533
Norman, OK 73070**

**Summer Camp
June 19-23, 2023
Goddard Youth Camp**

Rotary Club _____ RYLA Chairperson _____ RYLA Chairperson Phone (____) _____ <i>Rotary Club Please Complete</i>
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**Please paperclip
Photo to
application.
HEADSHOT PLEASE
MUST HAVE
PHOTO
CAN BE
EMAILED
(For Directory)**

PLEASE TYPE OR PRINT CLEARLY

Full Name: _____ Current Age: _____ Current Grade: _____ Male Female

Name (you wish on award): _____ Name (for name badge): _____

Address: _____ City: _____ State: _____ Zip: _____ T-Shirt Size _____

Cell Phone: (____) _____ Home Phone: (____) _____ Email: _____

Parents: Father: _____ Mother: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Cell Phone: (____) _____ Cell Phone: (____) _____

Secondary Phone (____) _____ Secondary Phone: (____) _____

Are you a certified lifeguard? Yes No If Yes, what agency? _____

EDUCATION: Cumulative Grade Point Average: _____ High School: _____

• **Hav any siblings attended RYLA Camp? Yes No If Yes, Name(s) _____**

• **Are either (or both) of your parents a Rotary Club member or have they been a member? Yes No**

• **If Yes, Name and Club(s) _____**

• **Are you a member of Interact? Yes No**

APPLICANT'S SIGNATURE _____ DATE _____

I agree to allow the camp Nurse to dispense any non-prescription medication (aspirin, Tylenol, cough syrup, etc.) to my child, if needed. IN CASE OF MEDICAL EMERGENCY, I understand every effort will be made to contact me. In the event, however, that I cannot be contacted, I hereby give permission to the physician selected by the Camp RYLA Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named above.

PARENT'S SIGNATURE _____ DATE _____

ACADEMIC ACCOMPLISHMENTS: (Positions held and responsibilities undertaken)

HIGH SCHOOL SPORTS PARTICIPATION: (Number of years, levels of competition and any honors)

EXTRACURRICULAR INTERESTS, HOBBIES AND RECREATION:

WORK EXPERIENCE: (Summers/After School)

YOU MAY USE A SEPARATE SHEET TO PROVIDE THIS INFORMATION – IF IT IS HANDWRITTEN PLEASE USE BLACK INK IN CASE COPIES ARE MADE OF THE INFORMATION



CAMPER AND PARENT AGREEMENT



Camp RYLA

June 19-23, 2023

I understand that the Rotary Club of HAS PAID \$450.00 on my behalf to attend Camp RYLA. It is my intention to attend the Camp from June 19 to June 23, 2023. **I PLEDGE NOT TO ENTER INTO ANY OTHER COMMITMENTS DURING CAMP – THIS INCLUDES DOCTOR APPOINTMENTS, SUMMER SCHOOL CLASSES, TESTING. I KNOW THAT I WILL NOT GET CREDIT FOR ATTENDING CAMP OR BE ELIGIBLE FOR A SCHOLARSHIP OR ANY AWARDS IF I DO NOT COMPLETE THE WHOLE WEEK.** If an emergency arises that will affect my ability to attend Camp RYLA, I agree to contact the Rotary Club and the Camp Director immediately – **I KNOW THAT THE ROTARY CLUB WILL LOSE \$450 IF THEY ARE NOT ABLE TO FIND A REPLACEMENT.**

Further, while at camp, I agree to abide by the Camp Rules as listed below.

_____ Date
Camper's Signature

_____ Date
Parent's Signature

CAMP RULES

1. Phone calls will be limited to home, emergency only. **Cell phones must remain in cabin and only be used for communication during free time.**
2. All campers will remain in cabins from 9:45 p.m. until 7:00 a.m.
3. **No vehicles allowed.** Camper transportation must be provided by local Rotary Club.
4. All campers will be punctual to all scheduled events. **Participation is a must.**
5. No tobacco products, drugs, or alcohol allowed on camp premises.
6. All campers are to respect counselors, speakers and fellow campers in the spirit of leadership and cooperation.
7. Swimming allowed at scheduled time only while lifeguard is on duty.
8. Appropriate dress required at all times. Flip flop or open toed sandals may only be worn inside cabin.
9. Campers will remain at camping area for duration of the camp.
10. Cabins must be kept neat and clean.
11. No boys in girl's cabins or girls in boy's cabins at any time.
12. Camp T-shirt to be worn only on Thursday evening, Friday morning, and during any community service projects.
13. Visitors and guests will only be allowed Thursday evening during the presentations session.
14. The Camp Director has the discretion to terminate a camper's stay at camp should the need arise.



ROTARY YOUTH LEADERSHIP AWARDS
CAMP RYLA



WAIVER AND MEDICAL AUTHORIZATION

I/We, _____ and _____, being the
(parent/guardian) (parent/guardian)
parent(s) or guardian(s) of _____, date of birth _____
(name of child) (child's date of birth)
of _____
(complete home address, including city, state & zip code)

do jointly and severally agree that _____ may participate in the Rotary
(name of child)

Youth Leadership Awards Camp (referred to as Camp RYLA) sponsored by the Rotary International District 5770, and in consideration of participation in this event and on behalf of the above named Child, his/her heirs and representatives, I/we agree to fully and forever release, discharge, indemnify and hold harmless Camp RYLA, Rotary District 5770, Goddard Youth Camp, their agents, representatives, servants, employees or invitees from any and all claims, demands, damages, causes or rights of action, present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of participation in such Camp RYLA.

I/We further authorize the Camp Director, The RYLA camp nurse in attendance, or any other adult staff member to give all necessary consent for any necessary medical treatment, including doctor's care or hospitalization or both, to the same extent as I/we could if personally present, that may be required by the above named child while in attendance at this camp, and agree that said medical expenses will be incurred in my/our behalf and I/we agree to pay the same.

I/We also acknowledge that I/we have notified the Camp Personnel of any special medical needs or information (see "Health Certificate/Parent's Evaluation" attached) required by the above named child. I/We further state that we know of no medical or physical conditions which would prevent the above named child from fully participating in the camp activities.

I/We also understand that all rules and regulations for the camp will be enforced and any violation by my child will result in a collect call to me with a possible request to come pick up my child with no refunds being given.

Dated: _____
(Parent or Guardian Signature) (Parent or Guardian Signature)

Address: _____

Contact Phone Number: _____

Our Insurance Company _____

Policy # _____ Group # _____

Address _____

ATTACH COPY OF HEALTH INSURANCE CARD



HEALTH CERTIFICATE EVALUATION



Camper's Name: _____

The activities in which your son or daughter will participate while at Camp RYLA are generally comparable to those experienced in high school, including physical education activities. Some activities may be very strenuous and the heat is always a factor. The camp supervisors MUST know of any physical limitations, medications or recent medical treatments or surgeries that may affect your son's or daughter's welfare. While this will not limit their participation, special precautions can be taken to ensure their safety.

Please check all items listed below with Yes or No. If Yes, please give a brief description of the problem:

- | YES | NO | |
|-----|-----|--|
| ___ | ___ | FREQUENT OR SEVERE HEADACHES |
| ___ | ___ | DIZZINESS OR FAINTING SPELLS |
| ___ | ___ | UNCONSCIOUSNESS FOR ANY REASON |
| ___ | ___ | EYE TROUBLE (<i>not correctable with glasses</i>) |
| ___ | ___ | HEART TROUBLE |
| ___ | ___ | HIGH OR LOW BLOOD PRESSURE |
| ___ | ___ | CHRONIC OR RECENT EAR TROUBLE |
| ___ | ___ | SIGNIFICANT ABDOMINAL TROUBLE (<i>including hernia</i>) UNLESS CORRECTED |
| ___ | ___ | EPILEPSY |
| ___ | ___ | HEAD INJURY |
| ___ | ___ | NERVOUS TROUBLE OF ANY SORT |
| ___ | ___ | ASTHMA OR ANY BREATHING DISORDER |
| ___ | ___ | INJURIES (<i>requiring hospitalization</i>) OR SURGERY WITHIN THE LAST 5 YEARS |
| ___ | ___ | ANY ALLERGIES (<i>including allergies to medications</i>) |
| ___ | ___ | DIABETES OR HYPOGLYCEMIA |
| ___ | ___ | CURRENT MEDICATIONS (<i>please list below</i>) |
| ___ | ___ | OTHER (<i>please specify any medical conditions not listed above</i>) |

IF YES ON ANY OF THE ABOVE PLEASE DESCRIBE HERE:

I hereby certify that to the best of my knowledge and belief the health of the camper is as shown above.

Signature of Parent or Guardian

Date

Photo/Video/Audio Release Form

I hereby grant to the ROTARY YOUTH LEADERSHIP AWARDS (RYLA) CAMP, or those acting upon their authority, the unqualified right and permission to reproduce, copyright, publish, circulate and otherwise use photographs, video and/or voice recording of me.

I waive the right to inspect or approve the finished photographs, films or tapes, or the uses to which they may be put.

I hereby release all rights to and interest in all prints, tapes, and other reproductions thereof, and do hereby release RYLA and Rotary International from any and all rights, claims, or actions against them on account of the use or publication of these images or recordings.

I understand and agree that any audio, video, or still image recordings made of me may be featured in videos/audio and/or print publicity for Rotary or RYLA.

I have read and understand the release statement above and hereby agree to its terms and conditions.

Signed: _____

Print Name: _____

Please print names of all subjects, if underage:



Camp RYLA
College Scholarship Application

Post Office Box 1533, Norman, OK 73070
Bob Usry, Director (405) 623-3700



\$500.00 Achievement Scholarship

**Based on Academic Accomplishment as well as Economic Need*

Please Return Application to Bob Usry at above address by December 31

Name: _____ **Date of Birth:** _____

Parent's Name: _____ **Telephone:** _____

Address: _____

GPA _____ **ACT** _____ **SAT** _____

(Please attach a copy of your High School Transcript)

High School Activities:

Honors and Awards:

Community Service:

Personal Interests:

Special Talents:

Employment History:

Plans for the Future:

FINANCIAL NEED: In the space provided, please indicate your family's adjusted gross income as referenced on the most recent IRS Tax Return. Please be assured this information will be treated with the utmost confidentiality.

_____	Under \$15,000	_____	30,000 to 34,999
_____	15,000 to 19,999	_____	35,000 to 49,999
_____	20,000 to 24,999	_____	50,000 to 64,999
_____	25,000 to 29,999	_____	Over 65,000

Total number of family members living at home? _____

Is this a single parent household? _____ Yes _____ No

Number of dependents in your family including yourself? _____

Ages _____, _____, _____, _____, _____.

Number presently attending college _____.

Do you have siblings that are not presently attending college but plan to attend within the next two to four years? _____ Yes _____ No

If more than one, please indicate how many. _____

Would you please share any other factors that address financial need and that may be helpful in evaluating your application for this scholarship.

Please list other scholarships that you have received and the amount of each scholarship.

Name of Scholarship _____ Amount \$ _____

Name of Scholarship _____ Amount \$ _____

Have you made application for any other scholarships, but, as of this date have not received notice? _____Yes _____No

Please list the names of any pending scholarships.

Have you completed the FAFSA? _____Yes _____No
Did you qualify for a PELL GRANT? _____Yes _____No

Please describe below why you want to be a recipient of, and what prompted you to make application for, the ROTARY YOUTH LEADERSHIP AWARDS' Achievement Scholarship.

We appreciate your making application for our scholarship. We commend you on your efforts in preparation for a college career.