

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

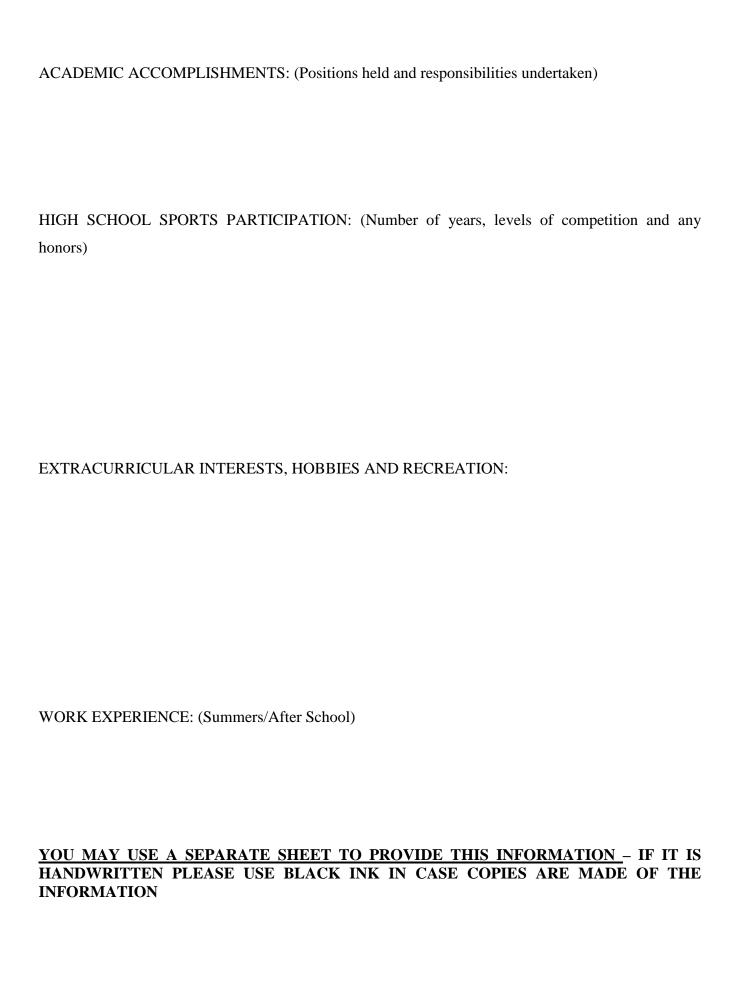
Rotary Club
RYLA Chairperson
RYLA Chairperson Phone ()
Rotary Club Please Complete

Please paperclip
Photo to
application.
HEADSHOT PLEASE
MUST HAVE
PHOTO
CAN BE
EMAILED
(For Directory)

PLEASE TYPE OR PRINT CLEARLY

LEASE THE OKTRIVI CLEARLY	
Full Name:	_ Current Age: Current Grade: Male θ Female θ
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 θ No θ If Yes,	, what agency?
EDUCATION: Cumulative Grade Point Average:	High School:
• Hav any siblings attended RYLA Camp? Yes θ No θ	9 If Yes, Name(s)
Are either (or both) of your parents a Rotary Club men	aber or have they been a member? Yes θ No θ
If Yes, Name and Club(s)	
• Are you a member of Interact? Yes θ No θ	
The you a memoer of interact. Tes V 110 V	
	DATE

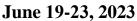
PARENT'S SIGNATURE _____ DATE ____

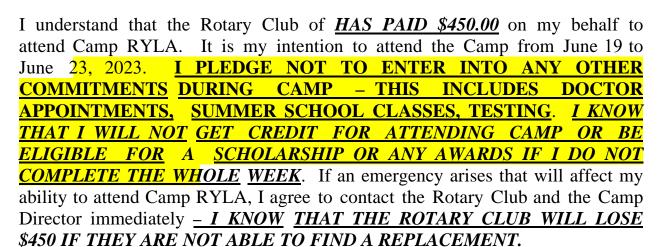




CAMPER AND PARENT AGREEMENT

Camp RYLA





ither, while at camp, I agree to abl	de by the Camp Rules as listed below.	
Camper's Signature	Date	
Parent's Signature	Date	
- C.A.	MD DITT EC	

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,	(parent/guardian)	and		, being the
parent(s) or guardian	(s) of	e of child)	, date of	(child's date of birth)
of	,	•		(clind a date of birth)
01	(complete home	address, including city, state	e & zip code)	
do jointly and severa	lly agree that	(name of child)		may participate in the Rotary
and in consideration representatives, I/we Rotary District 5770, and all claims, dema unknown, anticipated I/We furth	of participation in this eagree to fully and forevolution of Goddard Youth Camp, thands, damages, causes or a lor unanticipated, resulting er authorize the Camp	event and on behalt er release, discharg eir agents, represent rights of action, pre g from or arising out p Director, The I	f of the above na e, indemnify and atives, servants, en esent or future, what of participation in	rse in attendance, or any ssary medical treatment,
	C	•	•	c I/wa could if narconally
including doctor's present, that may	care or hospitalizatio	on or both, to the ve named child w	e same extent a hile in attendan	ce at this camp, and agree
including doctor's present, that may that said medical of I/We also addinformation (see "H further state that we	care or hospitalization be required by the above expenses will be incurred by the above expenses will be incurred by the control of the contr	on or both, to the ve named child we do in my/our behave notified the Can Evaluation" attache	e same extent as hile in attendant and I/we agree appears on the personnel of a d) required by the	ce at this camp, and agree
including doctor's present, that may that said medical of the last and information (see "H further state that we fully participating in I/We also unchild will result in a	be required by the above expenses will be incurred by the above expenses will be incurred by the campaction of the campactivities.	on or both, to the ve named child we ed in my/our behave notified the Can Evaluation" attached sysical conditions where the regulations for the	e same extent as hile in attendant and I/we agree ap Personnel of a d) required by the hich would prevent camp will be enforced.	nce at this camp, and agree ee to pay the same. The special medical needs or the above named child. I/We
including doctor's present, that may that said medical of the last action of the last act	care or hospitalization be required by the above expenses will be incurred by the campactant of the campactivities. derstand that all rules and collect call to me with a	on or both, to the ve named child we ed in my/our behave notified the Can Evaluation" attached sysical conditions where the regulations for the	e same extent as hile in attendant and I/we agree ap Personnel of a d) required by the hich would prevent camp will be enforced.	are at this camp, and agree to pay the same. The above named child. I/We at the above named child from the above named child fro
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including doctor's present, that may that said medical of the last action of the last act	care or hospitalization be required by the above expenses will be incurred by the campaction of the campactivities. derstand that all rules and collect call to me with a	on or both, to the ve named child we do in my/our behave notified the Can Evaluation" attache ysical conditions where the possible request to	e same extent as hile in attendant and I/we agree appropriately and I/we agree appropriately appropr	any special medical needs or the above named child. I/We at the above named child from the above named
including doctor's present, that may that said medical of that said medical of the sai	care or hospitalization be required by the above expenses will be incurred by the incurred exhowledge that I/we have ealth Certificate/Parent's know of no medical or phothe camp activities. derstand that all rules and collect call to me with a	on or both, to the ve named child we ad in my/our behave notified the Can Evaluation" attache ysical conditions where the possible request to	e same extent as hile in attendant and I/we agree ap Personnel of a d) required by the nich would prevent camp will be enforced to the come pick up my	are at this camp, and agree to pay the same. The above named child. I/We at the above named child from the above named child fro
including doctor's present, that may that said medical of that said medical of the sai	care or hospitalization be required by the above expenses will be incurred by the campaction of the campactivities. derstand that all rules and collect call to me with a	on or both, to the ve named child we ad in my/our behave notified the Can Evaluation" attache ysical conditions where the possible request to	e same extent as hile in attendant and I/we agree ap Personnel of a d) required by the nich would prevent camp will be enforced to me pick up my (Pare	any special medical needs or the above named child. I/We at the above named child from the above named

ATTACH COPY OF HEALTH INSURANCE CARD



Signature of Parent or Guardian

HEALTH CERTIFICATE EVALUATION



Camper's Name	e:
those experience and the heat is recent medical	n which your son or daughter will participate while at Camp RYLA are generally comparable to ed in high school, including physical education activities. Some activities may be very strenuous always a factor. The camp supervisors MUST know of any physical limitations, medications or treatments or surgeries that may affect your son's or daughter's welfare. While this will not limit on, 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 (not correctable with glasses)
	HEART TROUBLE
	HIGH OR LOW BLOOD PRESSURE
	CHRONIC OR RECENT EAR TROUBLE
	SIGNIFICANT ABDOMINAL TROUBLE (including hernia) UNLESS CORRECTED
	EPILEPSY
	HEAD INJURY
	NERVOUS TROUBLE OF ANY SORT
	ASTHMA OR ANY BREATHING DISORDER
	INJURIES (requiring hospitalization) OR SURGERY WITHIN THE LAST 5 YEARS
	ANY ALLERGIES (including allergies to medications)
	DIABETES OR HYPOGLYCEMIA
	CURRENT MEDICATIONS (please list below)
	OTHER (please specify any medical conditions not listed above)
IF YES ON AN	IY 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.

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

Name:	Name:	
Parent's Name:		Telephone:
Address:		
GPA(Please a	ACTtttach a copy of your	SAT High School Transcript)
High School Activities:		
Honors and Awards:		
Community Service:		
Personal Interests:		
reisonai interests;		
Special Talents:		

Employment History:	
Plans for the Future:	
FINANCIAL NEED: In the space provided, please indicate you referenced on the most recent IRS Tax Return. Please be assured to utmost confidentiality.	
	00 to 34,999 00 to 49,999 00 to 64,999 65,000
Total number of family members living at home? Is this a single parent household?Yes Number of dependents in your family including yourself? _ Ages,, Number presently attending college Do you have siblings that are not presently attending college the next two to four years?YesNo If more than one, please indicate how many	
Would you please share any other factors that address financial need evaluating your application for this scholarship.	I and that may be helpful in
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?YesNo
Please list the names of any pending scholarships.
Have you completed the FAFSA?YesNo
Did you qualify for a PELL GRANT?YesNo
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.