



STUDENT APPLICATION – 2016

STUDENT APPLICATION DEADLINE: November 13th, 2015

IMPORTANT NOTES:

- **ONLY COMPLETED APPLICATIONS CAN BE SUBMITTED TO THE ROTARY CLUB. APPLICATIONS MUST BE RECEIVED BY NOVEMBER 13TH, 2015 TO BE CONSIDERED FOR ACCEPTANCE.**
- **Copy of the Students Identification card must accompany the application.**
- **D5890 RYLA is open only to sophomores and juniors in High School and all Rotary Youth Exchange students.**
- **Clubs are responsible for submitting funds for students to attend camp.**
- **Accepted students must bring warm clothing to camp as this camp is in February and the nights can get chilly.**



APPLICATIONS MUST BE SUBMITTED TO YOUR LOCAL ROTARY CLUB. IF YOU DO NOT HAVE THE CONTACT INFORMATION FOR YOUR LOCAL ROTARY CLUB, PLEASE CONTACT:

**TOMMIE BUSCEMI, New Generations Chair
Tommie5890@suddenlink.net**

NAME: _____

Basic Requirements		
Please v the appropriate box	YES	NO
Are you currently a sophomore or junior in High School? <small>Only sophomores and juniors are eligible to attend this camp.</small>		
Have you attended RYLA before? <small>If yes, you do not qualify for this camp.</small>		
Are you a member of an Interact Club?		
If "YES", which one?		
Are you currently a Rotary Youth Exchange Student?		

Applicant General Information			
First Name		Last Name	
Home Address			
City		Zip Code	
Cell phone		Home Phone	
E-mail			
T-shirt Size	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	GENDER	<input type="checkbox"/> M <input type="checkbox"/> F
Do you have any special dietary needs?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes , please describe			

Parent/Guardian Information			
First Name		Last Name	
Home Address			
City		Zip Code	
Cell phone		Home Phone	
E-mail			

School Information			
Name of school presently attending			
School Address			
City		Zip Code	
Counselor Name			
Counselor E-mail			
Counselor Phone			
Current Grade Level		Current GPA	

NAME: _____

To the Applicant:

The 2016 Rotary Youth Leadership Awards (RYLA) Program is a learning experience designed to challenge and help students develop or improve their leadership skills. Please write a short answer to each of the following questions. Your local Rotary Club will use your answers as they evaluate and select the most qualified applicants to sponsor. **Please note that by filling out the application, you are not guaranteed a RYLA scholarship.** This is a competitive program. Please be thorough in your answers so that the Rotary Club may select the appropriate candidate for the RYLA scholarship.

1. List the clubs and organizations you belong to.

_____	_____
_____	_____
_____	_____

2. What leadership positions have you held in any of the clubs or organizations you listed above (question #1)?

Club Name:

Leadership Position:

_____	_____
_____	_____
_____	_____

3. What community service activities have you participated in? Please be specific.

4. What does *leadership* mean to you?

5. Why do you want to attend RYLA Camp?

NAME: _____

The Following Pages Require Signature Approval:

Parent/Guardian Approval:

The applicant whose name appears on page 2, has my permission to participate in the 2016 Rotary Youth Leadership Awards (RYLA) Program sponsored by Rotary International District 5890 on February 5-7, 2016 at Carolina Creek Camp located in Huntsville, Texas.

(Signature of Parent/Guardian)

(Date)

(Printed name of Parent/Guardian)

(Emergency Contact Number)

Approval of School Counselor or Principal:

The applicant has demonstrated their leadership potential either by their participated or example and has my approval to attend and participate in the 2016 Rotary Youth Leadership Awards (RYLA) Program in Huntsville, Texas.


(Signature of Counselor/Principal)

(Date)

(Printed name of Counselor/Principal)

(School Name)

NAME: _____



District 5890
Rotary Youth Leadership Awards
Statement of Expectations
 February 5-7, 2016

In order for all RYLA participants to have a great time at the RYLA Camp, several rules have been established. The following is a list of the expectations that must be observed during the conference:

- Participants are required to attend all functions.
- Participants are expected to respect speakers and presenters; and will behave in a conduct that is respectful.
 - *Talking or text messaging on one's cell phone may be perceived as being disrespectful to speaker(s).*
 - Cell phone use during the conference is prohibited. Cell phones will be confiscated, and returned at the end of the conference, if seen in use by an adult advisor.
 - Students are always welcome to use the cellphones of their supervisors.
- Verbal and/or physical abuse or harassment will not be tolerated.
- Hazing, as defined by the Texas Legislature, will not be tolerated.
- Participants are responsible for knowing the conference emergency procedures.
- Participants are assigned to a team and are expected to participate with the team for the entire conference.
- Participants are guests of Carolina Creek Christian Camp; therefore, they are expected to treat the facilities with respect and follow camp staff directions.
- Use of recreational facilities requires supervision by Carolina Creek Christian Camp staff.
 - Participants are expected to ask their RYLA coach, Rotarian, or camp staff when in doubt about center facilities use.
- Participants are expected to respect and observe conference and facility rules.
- Participants are not to leave conference property during the conference (Friday @ 6 p.m. until Sunday @ 1 p.m.) Unless specific permission has been given.
- Participants are not to drive themselves to the camp.
- Participants agree not to use alcohol, tobacco or drugs.
- Participants agree not to pull pranks or "horseplay" that might be injurious to others.
- Male participants are not allowed in female rooms at any time; female participants are not allowed in male rooms at any time.
- Participants are to stay in their respective room after "Lights Out" until morning.

Infraction of rules as listed or any infraction is subject to immediate expulsion, which will result in a collect telephone call to the parent or legal guardian with a possible request to come and pick-up the participant.

I have read the above Expectations Statement and agree to abide by it during my weekend as a RYLA participant.

(Signature of Participant)

(Date)

(Signature of Participant's Parent/Legal Guardian)

(Date)

NAME: _____



District 5890

**Rotary Youth Leadership Awards
Photo Release Form**

February 5-7, 2016

I hereby grant Rotary International, Rotary Clubs of District 5890, their Rotarian members, program personnel of Rotary youth programs (including but not limited to Interact, Rotaract, RYLA and Youth Exchange), volunteers, associates and designated representatives permission to use my likeness in any and all publications, including web-sites, without payment or any other consideration.

I understand and agree that these materials will become the property of Rotary District 5890, or its program personnel, volunteers, associates and designated representatives and will not be returned.

I hereby authorize Rotary International, Rotary Clubs of District 5890, their Rotarian members, program personnel of Rotary youth programs (including but not limited to Interact, Rotaract, RYLA and Youth Exchange), volunteers, associates and designated representatives permission to edit, alter, copy, exhibit, distribute, print, publish, electronically or otherwise, the photo(s) and or video(s) for their programs, events, bulletins, newsletters, web-sites, or any other lawful purpose. In addition, I waive the right to inspect the final product, including spoken, written or electronic copy related to the use of the photographs or videos.

I hereby hold and release and forever discharge the Rotary International, Rotary Clubs of District 5890, their Rotarian members, program personnel of Rotary youth programs (including but not limited to Interact, Rotaract, RYLA and Youth Exchange), volunteers, associates and designated representatives from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other person acting on my behalf, or on the behalf of my estate, have or may have by reason of this authorization.

(Signature)

(Date)

(Printed Name)

If the person signing above is under age 21, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of person named above.

(Signature)

(Date)

(Parent/Guardian)

(Parent/Guardian Printed Name)



NAME: _____

ROTARY DISTRICT 5890 – 2016 RYLA

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT & MEDICAL RELEASE

Definitions

“**Rotary**” means Rotary International, Rotary District 5890, all Rotary Clubs within Rotary District 5890, all of their trustees, directors, officers, employees, agents, all members of Rotary Clubs within District 5890, and anyone otherwise acting on behalf of or under the direction of Rotary International, Rotary District 5890, or any Rotary Clubs within Rotary District 5890.

“**RYLA**” means the Rotary District 5890, 2016 Rotary Youth Leadership Awards event to be held at Carolina Creek Christian Camp, 84 Wimberly Lane, Huntsville, Texas 77320-0104, originally scheduled for February 5 through 7, 2016.

“**RYLA Participant**” means (print name[s]) _____ who has applied to attend/will be attending RYLA, whether one or more.

RELEASE

By signing below, you acknowledge, admit and represent that:

1. You are the parent(s)/legal guardian(s) of the RYLA Participant, and are competent, capable and authorized to execute this document;
2. You have medical insurance in place to cover any medical conditions and personal injuries suffered by the RYLA Participant while attending RYLA or originating at RYLA;
3. You consent to the RYLA Participant participating in all activities while attending RYLA, including but not limited to climbing, repelling, low rope elements, high rope elements, swimming, other water activities, and all indoor and outdoor events and activities at RYLA;
4. You understand that all activities are optional and that the RYLA Participant voluntarily applied to participate in the events and activities of RYLA;
5. You understand that the foregoing activities and all other events, hazards or exposures connected with RYLA and the indoor and/or outdoor activities, involve risk of harm and that accidents or illness can occur in places without medical facilities, physicians, or surgeons;
6. **You are aware of the risks and damages inherent with the activities to take place at RYLA and knowingly and willingly assume the risk of injury to the RYLA Participant;**
7. You have provided Rotary with the RYLA Participant’s physical conditions or medical problems that may need attention and all medications regularly used by the RYLA Participant, and the contact information of an emergency contact person. You understand that failure to disclose medical information/condition may result in dismissal from RYLA. In case of illness or medical emergency of the RYLA Participant, Rotary, or Carolina Creek Christian Camp will try to notify whoever you have listed as the emergency contact person. In the event there arises a medical emergency concerning the RYLA Participant at a time where the emergency contact cannot be notified, you authorize Rotary to consent to any necessary x-ray examination, anesthetic, medical or surgical diagnosis, treatment or hospital care of the RYLA Participant;
8. **You hereby consent and give permission to any attending physician to make such decisions and to perform such treatments, examinations and/or surgery upon the RYLA Participant that may, in their sole discretion, be necessary and proper under the circumstances, including giving directions to Rotary**
- 9.

NAME: _____

10. **personnel to aid and administer first aid to the RYLA Participant until a physician, nurse, paramedic or other suitably trained person can attend to the RYLA Participant;**
11. You assume all risks, damages, or injuries, including death, that may be sustained or caused by the RYLA Participant while at or originating from RYLA;
12. You have read this document, understand it, and sign it voluntarily not acting under any fraud, duress or coercion;
13. Rotary has the right to postpone, cancel or terminate RYLA at any time, for any reason, without prior notice and you are solely responsible for any costs and expenses resulting from such postponement, cancellation or termination;
14. This Release is performable in Harris County, Texas and shall be interpreted by and in accordance with the laws of the State of Texas;
15. This Release is binding on you, your heirs, guardians, officers, employees, agents, executors, administrators, personal representatives, and assigns;
16. **IT IS YOUR EXPRESS INTENTION THAT YOU RELEASE, INDEMNIFY AND HOLD HARMLESS ROTARY FOR THE CONSEQUENCES OF ITS OWN NEGLIGENCE, GROSS NEGLIGENCE, INTENTIONAL TORT, BREACH OF WARRANTY, STRICT LIABILITY IN TORT, PRODUCT DEFECT, OR OTHER TORT LIABILITY, AND FOR VIOLATION OF ANY STATUTE, ORDINANCE, REGULATION, OR RULE AND REGARDLESS OF WHETHER SUCH CONDUCT WAS OR IS THE SOLE, CONCURRENT OR OTHER CAUSE OF THE ALLEGED OCCURRENCE, EVENT, INJURY, OR DAMAGE;**
17. **ROTARY HEREBY DISCLAIMS ALL WARRANTIES, EXPRESS AND IMPLIED INCLUDING WARRANTIES OF HABITABILITY, FITNESS FOR A PARTICULAR USE OR PURPOSE, THE CONDITION OF THE PREMISES WHERE RYLA IS BEING HELD, MERCHANTABILITY, ANY ENVIRONMENTAL, STRUCTURAL OR OTHER CONDITION OR HAZARD OF THE ABSENCE THEREOF, AND ALL OTHER EXPRESS OR IMPLIED WARRANTIES AND REPRESENTATIONS BY ROTARY WHATSOEVER; and**

THEREFORE,

- A. YOU, JOINTLY AND SEVERALLY IF MORE THAN ONE, HEREBY FULLY AND FINALLY RELEASE AND DISCHARGE ROTARY FROM ANY DAMAGES YOU AND/OR THE RYLA PARTICIPANT OR ANYONE ELSE MAY SUSTAIN WHICH RESULT, DIRECTLY OR INDIRECTLY FROM RYLA OR ANY UNAUTHORIZED ACTIVITIES WHILE AT OR ORIGINATING AT RYLA; AND ANY AND ALL ACTIONS, CLAIMS, EXPENSES AND DAMAGES, OF WHATEVER KIND, WHICH MAY RESULT THEREFROM. This release covers any occurrence away from Carolina Creek Christian Camp that rose in connection with RYLA, including but not limited to property damage, personal injury or death due to substance abuse or medical event on the way to, or after attending RYLA, and you acknowledge that alcohol and other illegal substance is forbidden at RYLA. Among the items being released are all claims of negligence, gross negligence, strict liability, any other torts, demands, rights or causes of action, present or future, comparative indemnity and damages, whether known or unknown, anticipated or unanticipated, which may occur to you, the RYLA Participant, your or their invitees or their properties, if damages occur or result from or arise out of, or are incident to RYLA, either directly or indirectly; and
- B. YOU FURTHER AGREE, JOINTLY AND SEVERALLY IF MORE THAN ONE, TO INDEMNIFY, FOREVER DEFEND AND HOLD HARMLESS, ROTARY FROM ANY AND ALL CLAIMS, CAUSES OF ACTION, EXPENSES, DAMAGES, HARM OR DESTRUCTION SUFFERED OR ACCRUED BY YOU, THE RYLA PARTICIPANT, YOUR OR THEIR INVITEES OR ANYONE

NAME: _____

ELSE, WHICH RESULT, DIRECTLY OR INDIRECTLY, FROM RYLA OR ANY UNAUTHORIZED ACTIVITIES WHILE AT OR ORIGINATING FROM RYLA, EVEN IF SAID

CLAIMS, DAMAGES, EXPENSES, HARM OR DESTRUCTION ARE DUE PARTIALLY OR WHOLLY FROM THE NEGLIGENCE, GROSS NEGLIGENCE, OR INTENTIONAL ACTS OF ROTARY; and

C. SHOULD ROTARY BE REQUESTED TO ENFORCE THIS RELEASE, YOU AGREE JOINTLY AND SEVERALLY IF MORE THAN ONE, TO INDEMNIFY AND HOLD ROTARY HARMLESS FOR ALL ATTORNEY FEES AND COSTS, **WAIVE TRIAL BY JURY** AND AGREE TO VENUE EXCLUSIVELY IN HARRIS COUNTY, TEXAS.

EXECUTED this _____ day of _____, 20__.

PARENT(S)/GUARDIAN(S):

Printed name: _____

Printed name: _____

Carolina Creek Christian Camp Participation Agreement & Waiver

Name of Camp Participant _____

I am above the age of 18 and am signing this agreement as the camp participant.

I, _____, am the parent/legal guardian of the camp participant, a minor. I hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child my permission to attend Carolina Creek Christian Camp.

Furthermore, I consent to give my child permission to participate in all activities including, but not limited to, climbing, repelling, low rope elements, high rope elements, swimming, other water activities, and all indoor and outdoor events and activities. I understand all activities are optional and that my child or I have voluntarily applied to participate in the events and activities of the Camp. I understand the foregoing activities and all other events, hazards or exposures connected with the Camp and the indoor and/or outdoor activities, involve risk of harm and that accidents or illness can occur in places without medical facilities, physicians, or surgeons. **I am aware of the risks and damages inherent with those activities and I knowingly and willingly assume the risk of injury.**

Medical Information

Participant Name: _____

Group/Session Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone: _____

Person to notify in case of an emergency: _____

Phone number(s) of emergency contact person: _____

Name of doctor and phone number: _____

General Health Information: Do you currently have any of the following?

1. Recent serious injury: Y N _____

2. Recent surgery: Y N _____

3. Allergies to medications: Y N _____

4. Food Allergies: Y N _____

5. Asthma: Y N _____

If yes to any of the above, please describe: _____

7. Do you take any medications regularly? Y N If so please list here: _____

(All medications must be in originally labeled containers)

8. If yes, will you have these with you? Y N _____

9. Your camper must have received all vaccinations required to enter school in the state of Texas in order to attend camp. Has your camper received all of these required vaccinations? Y N

10. Date of last Tetanus Shot _____

11. Add any other necessary medical information: _____

(Attach separate sheet if needed)

12. I give permission for my camper to receive age appropriate over the counter medication. Y N

Insurance Information:

1. Medical Insurance Company: _____

2. Plan or Group Number: _____

3. Insured Name: _____

4. Insured I.D. # or Member #: _____

5. Insurance Company Phone Number: _____

6. Insurance Company Address: _____

* You may copy both sides of your insurance card and attach it if it includes all of the above information.

Authorization for Emergency Medical Treatment

I have listed above my or my child’s physical conditions or medical problems that may need attention and all medications regularly used by myself or said minor. I understand failure to disclose medical information/condition may result in dismissal from Carolina Creek Christian Camp. In case of the illness of myself or my child, Carolina Creek Christian Camp will try to notify whoever is listed as the emergency contact person. In the event there arises a medical emergency concerning myself or my child, at a time where the emergency contact cannot be notified, I authorize Carolina Creek Christian Camp to consent to any necessary X-ray examination, anesthetic, medical or surgical diagnosis or treatment, or hospital care. **I hereby consent and give my permission to the Carolina Creek Christian Camp staff or any attending physician to make such decisions and to perform such medical treatments and/or surgery upon myself or my child that may, in their sole discretion, be necessary and proper under the circumstances.**

General Release and Waiver of Liability

I DO RELEASE, ACQUIT, DISCHARGE, AND COVENANT TO HOLD HARMLESS CAROLINA CREEK CHRISTIAN CAMP STAFF, PERSONNEL, OR ANY OF ITS REPRESENTATIVES FROM ANY ACTIONS, DAMAGES, OR LIABILITIES ARISING OUT OF ANY INJURIES OR PROPERTY DAMAGE SUSTAINED DURING THE PARTICIPATION IN THE CAMP AND/OR RESULTING FROM THE TREATMENT OF ANY ILLNESS, SICKNESS, OR ACCIDENT, INCURRED BY MYSELF OR MY CHILD DURING HIS/HER STAY AT CAROLINA CREEK CHRISTIAN CAMP.

In consideration for being permitted to attend Carolina Creek Christian Camp and participate in the activities conducted by the Camp, I, on behalf of myself, my child, my legal representatives, heirs and assigns, *do hereby release, waive, and forever discharge Carolina Creek Christian Camp and its officers, employees, volunteers, and agents, of and from any and all loss, damage, claim, demand, action or right of action, of whatever kind or nature, either in law or in equity arising from or by reason of any bodily injury or personal injuries known or unknown, death or property damage resulting or to result from any accident that may occur as a result of my or my child’s participation in the camp activities or any activities in connection with the Carolina Creek Christian Camp, whether by negligence or not.*

I, personally, and on behalf of my child (if child is the camp participant), hereby give Carolina Creek Christian Camp permission to use my and/or my child’s name, photograph, quotations and likeness in any advertisements or promotions performed in connection with the camp and agree that neither I nor my child shall be entitled to any compensation for such use.

I agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Texas, and that if any portion of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

X _____

**Adult Participant or Parent/Guardian Signature
Printed Name and Address of Signatory:**

Date: **X** _____

Medication Administration Record

- **ALL MEDICATIONS MUST BE IN THE ORIGINAL CONTAINER WITH PHYSICIAN DIRECTIONS. OTC MEDICATIONS MUST BE IN ORIGINAL MANUFACTURERS PACKAGING. MEDICATIONS BROUGHT IN ANY OTHER FORM WILL NOT BE ADMINISTERED.**
- Please place medication bottles in Ziplock bag clearly labeled with child's first and last name.
- Primary dispensing times for medications will be at each meal unless otherwise noted by a physician.
- Medications must be turned in to nurse upon arrival at camp. **NO** medications (prescribed or OTC) or vitamins are allowed to be kept in the cabins.
- Please circle at which meal your child takes his/her medication.
- Fill out shaded column only; daily columns for administration use only.

Camper Name: _____ DOB: _____ M/F _____

Parent/Guardian Name: _____ Phone Number _____

Medication Allergies: _____

Parent/Guardian Signature _____ Date: _____

Medication Name And Times Taken	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Breakfast Supper Lunch Bedtime							
Breakfast Supper Lunch Bedtime							
Breakfast Supper Lunch Bedtime							
Breakfast Supper Lunch Bedtime							
Breakfast Supper Lunch Bedtime							

NAME: _____

Terms and Conditions

Student understands that it is their responsibility to provide transportation to and from the camp and that the student may **not** drive him/herself to camp. The application is not complete until all required signatures have been collected.

The Rotary Club’s RYLA representative will review your application and contact you regarding your attendance at the 2016 RYLA Camp.

If you have any questions, or if your high school counselor is either unfamiliar with RYLA or has not been contacted by a local Rotary Club, you may contact the District 5890 RYLA Secretary whose name and phone number appear below:

Ute Schneider
applications@RYLA5890.org
713-503-9292

FOR ROTARY CLUB ONLY:

Sponsoring Rotary Club:

If you are approving this Students’ application. Please complete below.

(Signature of Club President or Designee)

(Date)

(Printed Name)

(Rotary Club Name)

MAILING INSTRUCTIONS

STUDENT APPLICATION

RYLA Committee
c/o Ute Schneider, RYLA Secretary
3804 Oak Ridge Drive
Pearland, TX 77581

APPLICATION FEE

RYLA Committee
c/o Carmen Cuneo, RYLA Treasurer
2618 Wichita Street
Houston, TX 77004

NOTE: The student applications are to be mailed to the RYLA Committee Secretary; the scholarship check (\$225/student) is to be mailed to the RYLA Treasurer along with the completed “club commitment form” available at www.ryla5890.org/rotarians.