

## 2018 Rotary Youth Leadership Awards Application

### Student Information (required)

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Gender: \_\_ T-Shirt Size: \_\_\_\_\_

School: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Current Grade:  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup> \_\_\_\_\_ Other please list

### Parent/Guardian Information (required)

Parent/Guardian Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First)

Emergency Contact Number(s): \_\_\_\_\_

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

### Sponsoring Rotary Club Information (required)

Rotary Club Name: \_\_\_\_\_

Rotary Contact Person: \_\_\_\_\_ (Last) \_\_\_\_\_ (First)

Phone Number(s): \_\_\_\_\_ Email: \_\_\_\_\_

**Student Involvement**

**Clubs and Organization's you belong to:**

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**Awards/Honors:** \_\_\_\_\_

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**Hobbies/Talents:** \_\_\_\_\_

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**If you participate in sports, please list them:** \_\_\_\_\_

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**Future Plans:** \_\_\_\_\_

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**Work/Volunteer: Please list paid or volunteer work experience(s) and briefly describe it/them.**

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**What Rotary Youth Services are you active in? (Interact, Rotaract, Youth Exchange)**

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**Please explain why you want to participate in the Life Leadership Conference and what leadership means to you.**

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**Student Medical Information (required)**

**Do you have physical, medical conditions or dietary restrictions? If so, please explain:**

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**Known allergies:** \_\_\_\_\_

**Date of Last Tetanus Shot:** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_ **Physician's Phone:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Insurance Co. Phone:** \_\_\_\_\_

**Ins. Subscriber's Name:** \_\_\_\_\_ **Insurance ID Number:** \_\_\_\_\_

**May acetaminophen (such as Tylenol) be given to the student?**  Yes  No

**May stomach remedy medicines (such as Pepto Bismol) be given to the student?**  Yes  No

**Any additional information or special instructions:** \_\_\_\_\_

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**PLEASE ATTACH A COPY OF THE  
STUDENT'S HEALTH INSURANCE CARD  
TO THIS APPLICATION**

**Photo Release**

At various times throughout the Life Leadership Conference, Rotary District 6290 representatives will be taking digital images, photographs, and/or videotapes of the program for public educational, promotional and/or informational purposes. When/if you or your child's likeness or image is used in a publication, there will be no identifying information provided (i.e. child's name, personal information) and no compensation.

I give permission to representatives of the Life Leadership Conference and Rotary District 6290 to take and publish, in print, electronic, or video format, the likeness or image of my child and/or myself.

**Student Signature**

The Life Leadership Conference is an intensive leadership experience; and thus, **partial attendance is not allowed**. All applicants must be certain that full attendance will occur, if selected. As the student applicant, by my signature, **I hereby commit to attend the entire 2018 District 6290 Life Leadership Conference at Kettunen Center** from June 13 to 16, 2018 if selected for attendance. *If I fail to attend, I will reimburse the sponsoring Rotary Club the tuition cost paid on my behalf.* **NO APPLICATIONS WILL BE ACCEPTED AFTER MAY 1, 2018!** My signature below verifies that I understand and accept this policy.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Signature**

As parent/guardian, by my signature, I realize that participation in the Life Leadership Conference is voluntary; and thus, will not hold the sponsoring Rotary Club, Life Leadership Conference, Rotary District 6290, Rotary International, or any Life Leadership staff people and contractors liable for possible injury or loss that may occur during the program. I am also aware of and agree to comply with the policy of attendance, as stated above.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sponsoring Rotary Club Signature**

As the representative of my District 6290 Rotary Club, by my signature, I confirm my Rotary Club's sponsorship of the above named student applicant. I understand that it is my responsibility to assure that payment for my club's sponsorship is attached to this application, when submitted. **NO APPLICATIONS WILL BE ACCEPTED AFTER MAY 1, 2018.**

Club Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attach  Your  Photo  Here
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# Medical Questionnaire

The information gathered here is for safety and program modification concerns only. The District 6290 LLC staff are the only individuals who will see this information. Medical conditions do not necessarily inhibit participation.

*Please Print:*

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Do you have any physical limitations that may negatively affect participation? N Y  
*(If yes, please explain)* \_\_\_\_\_  
\_\_\_\_\_

Are you currently taking any medication? N Y  
*(If yes, please explain)* \_\_\_\_\_  
\_\_\_\_\_

Do you have or have you had any of the following: N Y  
Epilepsy, Diabetes, Asthma, Heart/Circulatory problems, Vertigo, Joint Problems (Knee, shoulder, elbow),  
Back Problems, Allergies  
*Please explain any items answered with a Y.* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any other medical conditions not mentioned above we should know about.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

“I am in good physical condition and am capable of physical activity for an extended period of time.” “I freely offer this information and to the best of my knowledge it is accurate.

\_\_\_\_\_  
Signature of Participant Date

\_\_\_\_\_  
Signature of Parent/Guardian if applicable Date

**Application Checklist- KEEP THIS FOR REFERENCE**

To apply for the 2018 Life Leadership Conference, submit all of the following:

- This completed application (all 5 pages)
- Copy of student's (or parent's) Health Insurance Card
- Fee payment (paid by the Sponsoring Rotary Club; Payable to 'District 6290 – Life Leadership Conference)
- Completed applications should be returned to Life Leadership Chair of the sponsoring Rotary Club

**Application Process/Timeline**

- Jan. 1-15 Application materials made available to District 6290 Rotary Clubs
- Jan. 15 Rotary Club provides application materials to prospective LLC applicants
- Mar. 1 LLC applicants complete application materials and return to Rotary Club
- Mar. 1 – May 1 Rotary Club forwards applications with proper payment to the district office.

Kathy Hegedus, Administrative Assistant  
PO Box 381  
Grand Haven, MI 49417

**APPLICATIONS WILL NOT BE ACCEPTED AFTER MAY 1<sup>ST</sup>, 2018**

Jun. 13 LLC program begins with check-in at 1:00 pm

**PLEASE EAT BEFORE YOU REGISTER - NO LUNCH WILL BE PROVIDED ON THIS DAY**

Jun. 16 LLC program ends at 3:00 pm

**Schedule**

Wed . Jun. 13	1:00 pm	Check-in
Wed-Friday	7:30 am – 11:00 pm	Activities all day
Sat. Jun. 16	7:30 am – 3:00 pm	Activities/Departure

### Things to bring

- A Great Attitude!
- Bed linens (twin), Mattress Pad, Pillow and Pillow Case **or a Sleeping Bag Cover / Comforter** (the building is air conditioned) **or a Sleeping Bag**
- Bath Towel, Hand towel
- Toiletries, etc.
- Casual, Comfortable Clothes for 3 days
- Tennis Shoes / Sneakers **(Closed Toe Shoes are Mandatory for many events!)**
- Rain Gear and sunscreen. There will be outdoor activities regardless of weather.
- Please be prepared to wear appropriate business clothing for two evening events. Nice dress, skirt for the ladies and dress pants, dress shirt and tie for the gentlemen.
- If you wish to participate in the Saturday Night Talent Show, please bring necessary materials. If you are an International student, please bring any electronic Powerpoint files, etc about your country and any other materials you wish to share.
- Photo ID
- Cell Phone – You may bring a cell phone with you. However, they must be left in your residence hall room, during all days' events.
- Electronic Devices – You may bring personal music devices like CD players, iPods, etc., but these may only be used during your free periods. You will be responsible for their security, if you choose to bring them.

### Things NOT to bring

- Anything that may be taken for a weapon (pocket knife, etc.)
- Any potentially dangerous materials (fireworks, an elephant, etc.)
- Distractions. The RYLA program is an intensive leadership experience; and thus, students' full participation and active involvement is necessary.
- Tobacco, alcohol or illegal drugs.

### Cancellations

Cancellations on or after May 15th, will result in no refund of any payment made. Rotary Clubs may choose a replacement, when possible, as determined by the LLC committee. If it is possible for the Rotary Club to choose a replacement in a timely manner, all necessary paperwork must be submitted for the replacement student, by May 15th. If it is NOT possible for the Rotary Club to choose a replacement, as determined by the LLC committee, the LLC committee may choose a replacement (possibly from another club) without a refund of the original club's fee payment.

For more information please visit the Rotary International District 6290  
website [www.ridistrict6290.org](http://www.ridistrict6290.org)