

ROTARY DISTRICT 7170



37TH ANNUAL **ROTARY YOUTH LEADERSHIP AWARDS** **CONFERENCE**

SUNDAY, JUNE 30TH, 2019
TO
WEDNESDAY, JULY 3RD, 2019

SUNY ONEONTA, ONEONTA, NY

CLUB CHAIR HANDBOOK

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ROTARY DISTRICT 7170



Dear Rotary Club President / Club Chairperson:

The time is upon us to give attention to **RYLA** 2019. You and your club committee are the key to the entire operation. Your help in motivating and involving your club in inter-viewing and selecting your conferees is of critical importance. Our district-wide goal is 110 conferees, slightly more than two per club.

Due to scheduling difficulties resulting from the end of the NYS Regents exams and the start of the July 4th weekend this year, we are forced to shorten the RYLA Conference to three days. We feel that your students will still have a very positive RYLA experience despite that limited time frame.

Your District **RYLA** Committee began planning last July and has been working diligently to provide a quality youth program. We now must pass the action to you and are prepared to provide a meaningful training experience for youth leaders in your community. This **RYLA** Handbook has been prepared to assist you in your selection process.

RYLA serves as an excellent public relations opportunity for your club. This handbook has a sample press release to aid you in that process. Those Rotarians in your club who become involved with **RYLA** will derive intense personal satisfaction and a feeling of real accomplishment within the local community.

Club responsibilities are listed on pages 6 and 7. Please review them carefully. Please make sure that the deadlines are met. We are unable to extend deadlines so we are making sure that this material reaches you early. Items 1 and 2 on page 6 are urgently needed, if not already completed.

We must communicate. Please be responsive to letters, emails, telephone calls and deadlines. Should you encounter any difficulties or desire any assistance from the District **RYLA** Committee, please contact any one of us (see Page 4).

With your help, we will again achieve a truly meaningful program that renders an invaluable service to the young people in our communities.

Let's start now for **RYLA** 2019, our 37th year!

Sincerely,

Julie Lambiaso
RYLA Program Director

P.S. On the District 7170 website, under the Youth Programs tab, is a **RYLA** tab. On the **RYLA** Pages, there is a PowerPoint slide show, its equivalent PDF file, and a short description of the **RYLA** program. Feel free to download these and make them available to the students you are recruiting.

2019 District 7170 **RYLA** Committee

Dave Bensley
District Governor Elect, Rotary District 7170
465 Earlville Road
Earlville, NY 13332
315-691-9105

Julie Lambiaso
RYLA Director
5 Walling Blvd.
Oneonta, NY 13820
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Jeff Smith
District Governor, Rotary District 7170
3600 Lorne Drive
Endwell, NY 13760
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jsmith1532@aol.com

Jack Sullivan
RYLA Committee Chairman
217 Main Street
Owego, NY 13827
607-687-3937 (H)
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jackinowego@verizon.net

Bill Scannell
District **RYLA** Treasurer
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2 Court Street
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bill@jlscpa.com

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RYLA Committee Vice-Chairman
1684 State Highway 206
Greene, NY 13778
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Norwich, NY 13815
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DISTRICT 7170 **RYLA** KICKOFF WORKSHOP FOR CLUB CHAIRPERSONS

AGENDA

- 6:30 INTRODUCTIONS
- 6:35 OVERVIEW OF 2018 **RYLA** PROGRAM AT SUNY ONEONTA
- 6:50 DISCUSSION OF NEED FOR CONDENSED RYLA PROGRAM FOR 2019
- 7:15 DISCUSSION OF ITEMS SUBMITTED BY ATTENDEES (PLEASE EMAIL SUGGESTIONS TO CHAIRMAN PRIOR TO THE MEETINGS)
- 7:30 QUESTIONS, ANSWERS, COMMENTS

Meeting will be held at 6:30 PM on January 30th at the Sidney Memorial Library in Sidney. Be prepared for a last minute change, though. I do not want anyone driving if winter weather becomes an issue. If postponement is necessary, I will alert you via email – most likely at the last minute.

2019 Rotary Youth Leadership Awards Conference

INDIVIDUAL ROTARY CLUB RESPONSIBILITIES AND DEADLINES

Normal font items are suggested times, but **bold faced** items are **hard and fast deadlines**. A few clubs have ignored these deadlines in the past and this has caused a lot of confusion and extra work during the organizational phase of the conference. As in years past, there will be a lottery held on March 18th to assign any vacant spaces. **Please** - care enough for your students and for those trying to organize the conference to meet these deadlines. Make sure that you get documents back from students in time to forward them to a **RYLA** Committee member by the deadline dates.

Select Club **RYLA** Chairperson. Send Chair-Person's name, Email address, regular address and phone numbers to Jack Sullivan (email and address on Page 4 of Handbook) **By December 31, 2018**

At your next board meeting, decide how many students your club will send to **RYLA**, but please note the request in my December first cover letter to limit the number of students. **By February 10, 2019**

Send applications to solicit qualified students (Handbook Pg. 10 or your equivalent materials) through High Schools (public and private), youth organizations, Rotary sons and daughters, friends, etc. **Note:** there is a PowerPoint slideshow, a similar PDF file, and a brief **RYLA** description on the District 7170 website. These can be copied to a CD or linked via your application form to help explain to students and parents what **RYLA** is all about. **By February 15, 2019**

Get applications back from students, interview students, decide which students to accept **By March 14, 2019**

Send a check for \$350 for each student your club will be sending and a completed reservation for, (Handbook Page 8) to Jack Sullivan (email and address on Handbook page 4). We need to know the number of students you wish to send at this point but not their identities. **By March 15, 2019**

ROTARY CLUB RESPONSIBILITIES AND DEADLINES

Page 2

Decide which students to accept By March 31, 2019

Make copies of the Handbook pages A3 – A7 and pages A9 – A11.
Send them to your selected students and alternates. By April 1, 2019

Send the **RYLA** attendee form (Handbook Page 13) to Julie Lambiaso (her address is on the form) **By April 8, 2019**

Be sure your selected students have filled out Handbook pages A3 to A7 and pages A9 to A11 and returned them to you. Send them to the director. **By May 15, 2019**

Arrange for your conferees to attend the **RYLA** Conference.
Be sure they have times, dates and transportation. By June 20, 2019

Start of the **RYLA** Conference June 30, 2019

The closing program for the **RYLA** Conference is on Wednesday July 3rd, 2019 at 3:00 PM at SUNY Oneonta's Goodrich Theater (see campus map).
Arrange for your students' transportation home, if needed, after the closing program.

Have your students attend a club meeting to report on the **RYLA** experience. Provide feedback and criticism to the District **RYLA** Chairman so that the **RYLA** program can be improved. July/August

Please tell your students to make copies of all paperwork and bring them to the Conference in case there is any mix-up.

Contact any one of the **RYLA** Committee members listed on page four of this handbook if you have questions.

RYLA CONFERENCE RESERVATION FORM

The Rotary Club of _____ wishes to reserve space for _____ students at the District 7170 Rotary Youth Leadership Awards Conference beginning on June 30th, 2019 at SUNY Oneonta, Oneonta, New York.

We are enclosing a check for \$_____ to cover the fees of \$350.00 per student. Clubs that cannot send the \$350.00 per student at this time must enclose a \$50.00 non-refundable deposit per student in order to guarantee the number of reservations desired. The balance should be forwarded as soon as possible, but no later than May 1, 2019.

Clubs that have not sent this Reservation Form to the RYLA Committee by March 15th will have their spaces automatically moved into the lottery.

Club President or Club RYLA Chairperson

Street Address

City

State

Home Phone

Please make check payable to RYLA and mail to:

Jack Sullivan
District 7170 RYLA Chairman
217 Main Street
Owego, NY 13827

By March 15, 2019

Check here if your club would like to be included in the lottery for an additional student

District 7170 Rotary Youth Leadership Awards Conference
Sunday, June 30th – Wednesday, July 3rd, 2019
SUNY Oneonta, Oneonta, NY

FOR IMMEDIATE RELEASE

The Rotary Club of _____ today announced the selection of _____ students as participants in the 37th annual Rotary District 7170 **R**otary **Y**outh **L**eadership **A**wards Conference held at SUNY Oneonta in Oneonta from June 30th to July 3rd this coming summer.

Students _____ and _____ will join 110 other students from high schools in the south-central New York who will live, work and study together at the **R**YLA Conference. Aimed at developing the leadership potential of young people, the conference will feature speakers, programs and workshops focused on decision making, critical thinking, effective communication, time management, ethics, career development, public service, contemporary problems and other challenging issues.

ENDIT

For More Information, contact:

Name

Phone

SAMPLE STUDENT RECRUITMENT LETTER

The Rotary Club of _____ is interested in community leadership, not only for today but for tomorrow as well. The students in your school will, in a very few years, be assuming some of your community's leadership roles. We know you are training them for that task. Rotary would like to help also.

For this reason, the 44 Rotary Clubs in the Southern Tier of New York State will conduct their 37th annual **Rotary Youth Leadership Awards** Conference at SUNY Oneonta in Oneonta, New York from June 30th to July 3rd, 2019. The Conference will be staffed by carefully selected counselors and teachers. Our objective is to offer outstanding high school seniors an opportunity to live, work and play together in an atmosphere of friendly competition which will offer a challenge to accept the responsibilities of leadership.

Much of each student's time will be structured with programs such as group discussions, guest speakers, sports, band and chorus. Perhaps the greatest benefit will come from sharing this experience with approximately 110 other outstanding young men and women selected from area high schools in this Rotary 7170 District.

Our Rotary Club is asking you to nominate young men and women who have already displayed leadership abilities and who will profit most from this experience. We suggest that they be selected first for leadership potential, second for good citizenship, third for desire to attend the Conference and fourth, for scholarship. These characteristics are listed in that order so that latent leaders are not overlooked because of their grades. The only other requirement is that **they must be students who will enter their senior year in September, 2019.**

The nominations should be made and the names and applications given to your Rotary **RYLA** representative _____ no later than March 10th, 2019. Our Rotary **RYLA** Committee will then conduct interviews and select conferees. Our interviews must be completed by March 31st. It is our hope that the selection for the **Rotary Youth Leadership Awards** Conference might become a regular part of your award system and an honor that students can work for and achieve.

Thanks you for your assistance in this project for the advancement of youth.

Sincerely yours,

Rotary Club **RYLA** Committee Chairperson

SAMPLE GUIDELINES FOR SELECTING YOUR CONFEREES

The school should present your club's **RYLA** Committee with two or three times the number of qualified candidates you plan to select. Your **RYLA** Selection Committee should then interview and choose the most qualified students to represent that school and your club.

The students your club selects to be its representatives **must be high school students who will enter their senior year in September, 2019.**

The following considerations are offered as possible criteria to be used in your selection process:

- a. Leadership potential: Those qualities which might make him/her an effective leader.
- b. Leadership Experience: Has the student had opportunities to practice leadership skills in real life situations? (Look for officers of school organizations, class officers, athletic team captains and extracurricular leadership experience, Scouts, church groups, etc.)
- c. Desire to attend **RYLA**.
- d. Academic Ability: Performance academically at school.
- e. Extracurricular Activities: Has the candidate been involved in extracurricular activities? Emphasize quality of involvement rather than quantity. Has he/she participated in any community activities? Does he/she have a job after school, evenings or on weekends?
- f. Questioning Thought: Does the student think about things that he/she reads or hears or does he accept things blindly?
- g. Articulation: Is the candidate capable of expressing thoughts and feelings accurately, clearly and effectively?
- h. Ability to Relate with Peers: How easily does the candidate get along with others?
- i. Openness to the Experience: Will the candidate be open and adaptive enough to embrace the philosophy of the Conference?

Your club would be wise to select alternate candidates who will be prepared to attend the Conference in the event that any of your primary candidates could not attend. Last minute cancellations and problems that they cause could thus be eliminated. They should complete and submit all paperwork as well, **please clearly mark these forms "Alternate"**.

We are looking for interested, sincere, well rounded potential leaders. The selection of good conferees by Rotarians is a critical element in the success of the **RYLA** Program. **Candidates MUST be able to commit to the ENTIRE experience beginning Sunday afternoon, June 30th and concluding Wednesday afternoon, July 3rd. Conferees MUST be able to be in attendance all day, every day. Hors d'oeuvres will be served at the closing ceremony for students and their parents/guardians/guests on July 3rd just after student checkout.**

SAMPLE **RYLA** Interview Form

Name: _____

Evaluator: _____

SCHOOL: _____ Interact? _____ Rotary affiliated? _____ Date: _____

Tell us about yourself: your family, your activities in and out of school, your experiences as a leader and your favorite subjects, grades, etc.

Professional appearance:	1	2	3	4	
Verbal communication skills:	1	2	3	4	4 = Best
Enthusiasm level:	1	2	3	4	
Leadership potential:	1	2	3	4	

1. What person, past or present, has provided the most inspiration to help you excel in your endeavors?
2. What do you consider to be the strongest aspect of your character?
3. What do you consider to be the weakest aspect of your character?
4. Where do you see yourself in 10 years?
5. What unique quality do you have that might convince us to choose you over the other candidates?
6. If you are selected to attend the **RYLA** Conference, you will learn leadership skills. How do you think you might use those skills you to benefit others?
7. Have you been away from home before? Are you comfortable sharing a dorm room with others?
 Yes No Yes No
8. At **RYLA** you will be exposed to many new ideas that might differ from yours. Are you OK with that?
9. Do you have any health issues of which we should be aware that may keep you from participating fully?
 Yes No If yes, explain _____
10. If you are selected, you must be at the RYLA Conference for the whole week of Sunday, July 7th to Friday, July 12th. You cannot leave. Can you make this commitment? Yes No
11. If you are selected to attend the **RYLA** Conference, we will ask you to come to a Rotary meeting at noon on XX Date so our Rotary Club members can meet you. We also ask that you come back and tell us about your **RYLA** experiences at our XX Date meeting. Do you have a problem with this? Yes No
12. We have more applicants than positions available. Would you consider being an alternate? This would involve filling out all the paperwork and being prepared to go to the conference at the last minute, but with no guarantee of going. Yes No
13. Do you have any questions you would like to ask us?
14. If, in another life, you can come back as an animal, which animal would you be and why?

RYLA Attendee Form

Due by April 8th, 2019

Club Name _____

Club Chairperson _____

Phone _____

Email _____

The following students have been selected to attend the 2019 **RYLA** Conference:

1. _____

2. _____

3. _____

4. _____

5. _____

The following students have been chosen as Alternates:

1. _____

2. _____

Please return this form by April 8th, 2019 to:

Julie Lambiaso
5 Walling Blvd.
Oneonta, NY 13820

ROTARY DISTRICT 7170



37TH ANNUAL ROTARY YOUTH LEADERSHIP AWARDS CONFERENCE

STUDENT FORMS

SAMPLE LETTER TO SELECTED CONFEREE

Dear,

Please accept our congratulations on being selected as a participant in the 37TH Annual **Rotary Youth Leadership Awards** Conference hosted by the 44 Rotary Clubs in Rotary's District 7170. Approximately 110 students, between their 11th and 12th grade years, will participate. **The 2019 conference begins Sunday, June 30th and concludes Wednesday, July 3rd.**

If you choose to accept this invitation to participate in the 2019 RYLA Conference, you must be in attendance for the entire conference.

At the **RYLA** Conference, you will participate in activities and hear presentations that will help you to realize your leadership potential. You will meet new people and create friendships that will last a lifetime!

Enclosed you will find information papers and the registration forms you will need to complete to attend the conference. They must be returned to the Rotary Club representative who sent them to you. Please share these pages with your parents; they need to be part of your preparation to attend the conference. Please fill out these pages and return them to your Rotary Club **RYLA** representative **no later than May 10, 2019. If you cannot meet this deadline, you will be unable to attend the conference.**

If, for any reason, you meet our deadlines but then find you are unable to attend, please let your sponsoring Rotary Club know immediately so that another student can attend the conference in your place.

If you have any questions, feel free to contact **RYLA** Director Julie Lambiaso or Jack Sullivan, **RYLA** Committee Chairman, at 607-687-3937.

You should make copies of all forms you fill out and take them to the conference with you in case there are any mix-ups.

We look forward to sharing an exciting time with you and hope that your conference experience will be rewarding and an inspiration for the future.

Sincerely yours,

Return all forms by **May 10th**, to:

(Club Chair Name and Address) _____

RYLA Reservation of Selected Conferee

Male () Female ()

Name:

Mailing Address: City: Zip:

Email Address: Facebook Page:

High School: Grade: Phone No.:

Interests, special talents, hobbies (music, sports, acting, writing, signing, debating, etc.)

Awards (school, civic):

Extracurricular Activities (in school and in community):

Leadership Positions (in and out of school):

Community Service Activities:

Do you play a musical instrument?

If you do, would you perform in the conference band?

Can you bring your instrument to the RYLA Conference?

What vocations or professions are you considering after school?

All Conferees receive a RYLA tee shirt. What size do you wear? _____

Return all forms by **May 10th** to:

(Club Chair Name and Address) _____

CONFERENCE COMMITMENT FORM

Return to Rotary Club contact _____ by **May 10, 2019**
(Contact Name)

I have been informed by my local Rotary Club that I have been selected to attend the 37TH annual **Rotary Youth Leadership Awards (RYLA)** Conference which will begin Sunday afternoon, June 30th, 2019 and will conclude Wednesday afternoon, July 3rd, 2019. By signing this Conference commitment form, I am agreeing to attend and participate in all activities sponsored by the **RYLA** Conference. I agree to abide by all rules and regulations as set forth by SUNY Oneonta, Rotary District 7170 and the **RYLA** Conference staff. I also have been informed and understand that I must complete the appropriate paperwork and forward it (including this signed form) to my local Rotary Club representative by May 10th.

A physical (it can be a school physical) must have been completed within the last 12 months (June 30th, 2018 to June 30th, 2019) and include all necessary updated immunizations (**pay close attention to this on the health forms**). In addition, the medication sheet **MUST** be filled out and submitted if **ANY** medications are going to be taken while at the conference. This includes over-the-counter medications such as Tylenol.

VERY IMPORTANT

The conference will run from Sunday, June 30th through Wednesday, July 3rd, 2019. Please be sure that you are able to attend through the closing ceremony on Wednesday afternoon, July 3rd. **If you have a commitment that prevents you from attending the entire conference, then please decline your opportunity to attend this conference and notify your local Rotary Club representative immediately so that someone who can attend the entire conference may have the opportunity to do so.**

If you have any questions concerning any of the above, please call Julie Lambiaso, **RYLA** Program Director, immediately at 607-988-5098.

Congratulations on being selected to attend the 37th Annual District 7170 **RYLA** Conference. We are looking forward to working with you and hope you will enjoy your **RYLA** experience.

Student Signature

Parent Signature

Date

PLEASE FILL OUT, OBTAIN PARENT'S SIGNATURE ON SECOND PAGE OF THIS FORM, AND RETURN **BY MAY 10** TO:

(Club Chair Name and Address) _____

APPLICANT INFORMATION FORM & RELEASE OF LIABILITY FORM

Page 1

DISCLOSURE:

The **RYLA** Conference involves a variety of activities that often include warm ups, games, group initiative problems, low ropes course elements and other physical activities. (The level of participation in activities is at all times completely up to the individual.) Yet there is a risk, which must be assumed by each participant, that he or she may suffer an emotional or physical injury and disability.

Policy for participation in **RYLA** activities requires that every participant have health/accident insurance coverage. In addition, certain health/medical information must be made known to the instructor(s) conducting programs, so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Please complete both pages of this form and return them to the Rotary Club Chairperson listed above.

APPLICANT INFORMATION:

1. Name _____

2. Do you have health/accident insurance? Yes No

3. If yes, the name of the company: _____

Have you ever had: (please circle the appropriate column Yes or No)

Allergies _____	Yes	No
Diabetes _____	Yes	No
Heart Disease _____	Yes	No
Epilepsy _____	Yes	No
Asthma _____	Yes	No
High Blood Pressure _____	Yes	No
Back Problems _____	Yes	No
Dislocations (if yes, describe) _____	Yes	No
Do you get cold easily? _____	Yes	No
Do you smoke? _____	Yes	No
Are you pregnant? _____	Yes	No
Are you currently under doctor's care? _____	Yes	No

For what reason? _____

Return all forms by **May 10th** to:

(Club Chair Name and Address) _____

APPLICANT INFORMATION FORM & RELEASE OF LIABILITY FORM

Page 2

Are you taking medication (prescribed or otherwise: e.g. cold medicine)? _____ If yes, you must also fill out Page A11.

What type and what for? _____

Are you allergic or do you react to any medication? _____ If so, identify and explain. _____

Are you allergic to insect bites and stings? _____

If so, do you carry bee sting medication? _____

Do you have any limiting physical disabilities or handicaps (temporary or permanent) of any kind?

Identify and explain. _____

RELEASE OF LIABILITY

I understand that parts of the Project Adventure activities may be physically or emotionally demanding. I affirm that my health is good and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in Project Adventure activities. I understand that each participant must assume the risk of injury that could result from any of these activities. I release Rotary, SUNY Oneonta Staff and **RYLA** staff members from all liability for any injury to me from participation in **RYLA** Conference activities.

Date: _____ Applicant's Signature _____
(if at least 18 years old)

Applicant's Address _____

City, Zip Code _____

Home Phone Number _____

Business Phone Number _____

Parent or Guardian's Signature _____
(if under 18 years old)

Return all forms by **May 10th** to:

(Club Chair Name and Address) _____

Closing Program Reservation Form

Must accompany student's application

The **RYLA** Committee encourages parents/guardians to join us for hors d'oeuvres at the Goodrich Theatre on the SUNY Oneonta campus on July 3rd, 2019 after student checkout. Immediately thereafter, there will be a closing ceremony led by the students. Seating is limited, but guaranteed for all parents/guardians.

Student Name: _____

Student Email: _____

Number of parents/guardians attending: _____

Number of additional seats requested _____
(additional seats will be confirmed/denied at Sunday registration)

to:

(Club Chair Name and Address) _____

SUNY ONEONTA SUMMER PROGRAM HEALTH FORM CHECKLIST
RYLA CONFERENCE – 2019

Dear **RYLA** Program Parent,

All parts of pages A9 through A11 must be completed and returned to your local Rotary Club contact below **no later than May 10th**.

Page A9 – to be completed by parent or guardian – complete all sections – be sure to sign and date at the bottom of the form

Page A10 – UPDATED IMMUNIZATION RECORD

- a. Two MMR dates are mandatory (Measles, Mumps, Rubella)

PHYSICAL EXAM – must be within the past year (June 30th, 2018 to June 30th, 2019). A SCHOOL PHYSICAL IS ACCEPTABLE if performed by a physician, physician’s assistant, or nurse practitioner

Page A11 – MEDICATION SHEET – must be completed for every participant
NEW YORK STATE DEPARTMENT OF HEALTH LAW now requires that the health care provider (doctor, physician’s assistant or nurse practitioner) must complete the medication sheet **for both over-the-counter and prescription medications**. Medications will not be dispensed if this form is not completed and signed by parent and the health care provider. **This includes all over-the-counter medications.**

IMPORTANT NOTES

ALL PRESCRIPTION AND OVER-THE-COUNTER MEDICATION TO BE TAKEN BY CONFERENCE PARTICIPANT (UNDER 18 YRS OLD) MUST BE LEFT WITH THE PROFESSIONAL HEALTH CARE STAFF MEMBER AT SUNY ONEONTA WHERE A SCHEDULE WILL BE SET UP FOR DISPENSING OF THE MEDICATION. ALL MEDICATIONS MUST BE IN THE PHARMACY BOTTLE OR ORIGINAL STORE CONTAINER WITH PROPER LABELING.

IT IS ADVISED, PRIOR TO MAILING THESE FORMS, THAT YOU MAKE A COPY TO HAND CARRY TO REGISTRATION. NO CAMPER WILL BE ALLOWED TO PARTICIPATE WITHOUT COMPLETED HEALTH FORMS.

Return these medical forms to: (Club chair and address) _____

ROTARY DISTRICT 7170 RYLA CONFERENCE
HEALTH EXAMINATION FORM

Form must be completed and returned to your local Rotary Club RYLA Chair by May 10, 2019

This page to be completed by Parent – PLEASE PRINT

PLEASE LIST ALL ALLERGIES, INCLUDING ALLERGIES TO MEDICATIONS _____

IMPORTANT: Please notify the RYLA Conference if this student is exposed to any communicable disease during the **three weeks prior** to the conference.

Name _____ Birth Date _____ Sex _____ Age _____
Last First Initial

Parent/Guardian _____ Phone (H) _____
(W) _____

Home Address _____
Street and Number City State Zip

If not available in an emergency, notify:

1. _____ Phone _____
Name Area Code and Number
Street and Number City State Zip

Or 2. _____ Phone _____
Name Area Code and Number
Street and Number City State Zip

PERSONAL HISTORY: (Circle condition you have had)

- | | | | |
|--------------------|-------------------------------|-------------------------|------------------|
| Alcohol Dependency | Chicken Pox | Heart Disease | Rheumatic Fever |
| Allergy | Diabetes | Jaundice | Scarlet Fever |
| Anemia | Drug Dependency | Kidney Disease | Seizure Disorder |
| Asthma | Eczema | Pneumonia | Tonsillitis |
| Bronchitis | Emotional Problems/Counseling | Recurrent Ear Infection | |

OPERATIONS, INJURIES AND HOSPITALIZATIONS (include dates) _____

PRESENT MEDICATIONS OR TREATMENTS _____

PERSONAL HEALTH INSURANCE CO. _____

ADDRESS _____ ID# _____

***PARENT AUTHORIZATION:** This health history is correct so far as I know, and the person herein described has my permission to engage in all prescribed conference activities, except as noted by the examining physician and me. In the event I cannot be reached in an **EMERGENCY** I hereby give permission to the conference director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

PARENT SIGNATURE: _____ DATE: _____

IMMUNIZATIONS **REQUIRED** FOR REGISTRATION
This page to be completed by Physician – **PLEASE PRINT**

PATIENT NAME: _____ **DOB** _____

DTap Dates: 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____

Tdap (Booster) Date: _____

Hib vaccine DATES: 1ST _____ 2ND _____ 3RD _____ 4TH _____

Hepatitis B Vaccine DATES 1st _____ 2nd _____ 3rd _____

POLIO VACCINE (complete series of Oral/Salk) Dates: 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____

MMR (Measles, Mumps, Rubella) (after 1st birthday) DATES: 1st _____ 2nd _____ (minimum of 28 days after dose 1)

VARICELLA VACCINE: DATE _____ OR DATE OF ILLNESS _____

MEDICAL EXAMINATION – TO BE FILLED OUT BY LICENSED PHYSICIAN, PHYSICIAN’S ASSISTANT/NURSE PRACTITIONER

This examination must be performed within 12 months of arrival at conference. Examination for some other purpose within this period is acceptable for determining fitness to engage in strenuous activities.

Code: - Satisfactory x Not Satisfactory (Explain) O Not Examined

HGT: _____ WT. _____ B.P. _____

Eyes _____	Lungs _____
Glasses _____	Abdomen _____
Ears _____	Hernia _____
Nose _____	Extremities _____
Throat _____	Posture (Spine) _____
Teeth _____	Skin _____
Heart _____	Allergy _____

RECOMMENDATIONS AND RESTRICTIONS WHILE AT THE CONFERENCE:

Special Diet _____

Medications _____

Dispensing protocol _____

Can this student participate in unrestricted recreational activity?

If no, explain: _____

Other: _____

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in conference activities, except as noted above.

Telephone _____ Examining Physician/Physician’s Assist./Nurse Practitioner

Date _____ Address _____

MEDICATION SHEET – Must be completed by Parent AND Health Care Provider

ORDERS FOR: Name _____ DOB: _____ Weight: _____

Standard Over-the-Counter Medications (the following medications are available at the University and will be administered at the discretion of an RN, LPN or EMT if approval is indicated by the student’s Healthcare provider.). Any other over-the-counter medications the student routinely takes and will be bringing with them must be added to this list. **No over-the-counter medications can be dispensed without completion of this form. This includes vitamin supplements.**

I request that my child receives the following medications as prescribed by our physician.

Parent/Guardian signature: _____

DRUG NAME	ROUTE(PLEASE CIRCLE DEFERRED FORMULATIONS)	DOSAGE	SCHEDULE AND INDICATIONS	CAMPER HEALTHCARE PROVIDER ORDER	COMMENTS
Ibuprofen	Oral	200 mg		Yes No	
Acetaminophen	Oral	325 mg		Yes No	
Acetaminophen	Chewable	160 mg		Yes No	

Prescription Medications (Must complete with patient’s current regimen for both scheduled and PRN medications. Use 2nd page if needed)

DRUG	ROUTE	DOSAGE	SCHEDULE & INDICATIONS	COMMENTS

Health Care Provider (MD, NP, PA) Name (print): _____ Phone _____

Address _____ License No. _____

Signature _____ Date _____

INFORMATION FOR CONFEREE to RYLA CONFERENCE

KEEP THIS PAGE

WHEN: From Sunday afternoon, June 30th through Wednesday afternoon, July 3rd, 2019.

Check-in times and location will be identified in the cover letter from the Director Julie Lambiaso which will be sent in June. If you have questions, please call:

Julie Lambiaso
607-988-5098

WHERE: RYLA will be conducted at the Morris Hall, SUNY Oneonta, Oneonta, NY.

PARTICIPANTS: Approximately 110 students entering their senior class in the fall. They are being sponsored by the 44 Rotary Clubs of Rotary District 7170.

Director Julie Lambiaso will be communicating with you by email, so please make sure your email address is legible and check your email frequently. She will contact you with final RYLA instructions in early June. If you have not heard from her by June 15th, contact her at 607 988-5098.

1. If you are unable to obtain transportation to and from the conference, please contact your local Rotary Club.
2. Conferees may not bring their own automobiles.
3. Transportation to and from the conference should be provided by parents or Rotarians.
4. You are expected to remain on campus and attend all scheduled activities.
5. Visitors are not permitted.
6. All your necessary expenses are being paid by your sponsoring Rotary Club. You may, however, want to bring some extra spending money to purchase snacks and soft drinks or items at the bookstore.
7. We plan to have instrumental ensembles and a chorus. If you are interested in music, we hope you will share this enjoyment and designate your interest on your application. If you play a musical instrument, please bring it with you. You need not be a member of your school's band or chorus to participate.
8. Your mailing address will be:
(Your Name)
Rotary Youth Leadership Awards Conference
SUNY Oneonta Morris Hall
Oneonta, NY 13820

You must bring with you: pillows, blankets, sheets or a sleeping bag, wash cloth, and towels. A bed and mattress is provided to each participant.

It is recommended you bring:

Dress Casual clothes for closing program
Toiletries
Socks and sneakers
Second pair of shoes
Notebook
Musical instrument (if you play)
Fan

Spending money
Camera (if you wish)
Raincoat
Shorts, tee shirts
Pens and pencils
Note: each conferee will receive one
conference tee shirt

SUNY Oneonta College Camp is 2 miles north of campus - East Street to Hoffman Road



V - Visitor Parking

Obtain parking permits at
 Netzer 110 (Building 32)
 Admissions Office, Alumni Hall (Building 2)
 Hunt Union Information Desk (Building 22)
 University Police Parking Office (Building 2)

POLICE University Police (Alumni Hall, Building 2)

V1 Dining Halls/Coffee Shops

Residence Halls are listed in blue

- | | | | |
|---|----------------------------|---|-----------------------------|
| 1. Alumni Field House | 12. Fine Arts Building | 23. Huntington Hall | 34. Red Dragon Soccer Field |
| 2. Alumni Hall | 13. Fitzelle Hall | 24. Instructional Resource Center (IRC) | 35. Schumacher Hall |
| 3. Bacon Hall | 14. Ford Hall | 25. Lee Hall | 36. Science 1 Building |
| 4. Baseball Field | 15. Golding Hall | 26. Little Hall | 37. Sherman Hall |
| 5. Blodgett Hall | 16. Grant Hall | 27. MacDuff Hall | 38. Softball Field |
| 6. Bugbee Hall | 17. Hays Hall | 28. Matteson Hall | 39. Tennis Courts |
| 7. Chase Gym | 18. Heating Plant | 29. Mills Hall | 40. Tobey Hall |
| 8. Counseling, Health and Wellness Center | 19. Higgins Hall | 30. Milne Library | 41. Track/All College Field |
| 9. Curtis Hall | 20. Hubert Hall | 31. Morris Complex | 42. Wilber Hall |
| 10. Denton Hall | 21. Human Ecology Building | 32. Netzer Administration Building | 43. Wilsbach Hall |
| 11. Facilities Operations Center | 22. Hunt College Union | 33. Physical Science Building | |

RYLA CONFERENCE

CHECK LIST for PARENTS, STUDENTS, CLUB CHAIRS

- _____ Registration Form of Selected Student, completed and submitted to Local Rotary Contact (p. A3)
- _____ Conference Commitment Form, signed by Student and Parent, with Email address provided, submitted to Local Rotary Contact (p. A4)
- _____ Applicant Information Form and Release of Liability Form, completed and submitted to Local Rotary Contact (pp. A5 and A6)
- _____ Closing Program Reservation Form (p. A7)
- _____ SUNY Oneonta Summer Program Health Form Check List, including updated Immunization Record and Medication Sheet, completed and returned to Local Rotary Contact (pp. A9, A10 and A11)

ALL FORMS MUST BE SUBMITTED TO YOUR LOCAL ROTARY CONTACT

BY May 10th, 2019

<p>Club RYLA Chairs: Pages A3 through A7 and Pages A9 through A11 must be returned to Julie Lambiaso by <u>May 15, 2019</u>.</p>
