

# ROTARY DISTRICT 7170



**41ST**

**ROTARY YOUTH LEADERSHIP AWARDS  
CONFERENCE**

**SUNDAY, JUNE 30, 2024  
To  
WEDNESDAY, JULY 03, 2024**

**SUNY ONEONTA, ONEONTA, NY**

**CLUB CHAIR HANDBOOK**

**Club RYLA Chair-Person / Representative Contact**  
**information**

**ROTARY CLUB OF** \_\_\_\_\_

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

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

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

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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ROTARY DISTRICT 7170



Dear Rotary Club President / Club Chairperson:

The time is upon us to give attention to **RYLA** 2024. 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 100 conferees, slightly more than three per club.

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 7 and 8. 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 7 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 5).

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** 2024, our 41<sup>st</sup> program!

Sincerely,

Margo Lord  
**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.

## 2024 District 7170 **RYLA** Committee

Wendy Deis  
District Governor, Rotary District 7170  
383 Front Street  
Owego, NY 13827  
(724) 263-1304 (C)  
[wendygirl201@gmail.com](mailto:wendygirl201@gmail.com)

Cindy Kain  
District Governor Elect,  
Rotary District 7170  
PO Box 216  
Burdett, NY 14818  
(724) 742-4355 (C)  
[goddesscindy48@gmail.com](mailto:goddesscindy48@gmail.com)

Jeffrey Henry  
**RYLA** Committee Chairman  
1684 State Highway 206  
Greene, NY 13778  
(607) 725-6387 (C)  
[jbh@stny.rr.com](mailto:jbh@stny.rr.com)

Margo Lord  
**RYLA** Co-Director  
67 South Chenango Street  
Greene, NY 13778  
(607) 226-1888 (C)  
[margoemcdermott@gmail.com](mailto:margoemcdermott@gmail.com)

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**RYLA** Co-Director  
14 Willard Street  
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Bill Scannell  
District **RYLA** Treasurer  
Johnson, Lauder & Savidge, LLP  
2 Court Street  
Binghamton, NY 13901  
(607) 723-8216 ext. 303 (W)  
[bill@jlscpa.com](mailto:bill@jlscpa.com)

Vice Chair to be announced

## DISTRICT 7170 **RYLA** KICKOFF WORKSHOP FOR CLUB CHAIRPERSONS

### AGENDA

**This will be a Virtual Meeting using GoToMeeting. Invitations and instructions will be sent to Club RYLA Chairpersons.**

- 6:30        INTRODUCTIONS
- 6:45        OVERVIEW OF 2023 **RYLA** PROGRAM AT SUNY ONEONTA
- 7:00        PROFESSIONAL STAFF - CONFERENCE SCHEDULE OF  
              ACTIVITIES, TECHNIQUES
- 7:15        DISCUSSION OF ITEMS SUBMITTED BY ATTENDEES (PLEASE  
              EMAIL SUGGESTIONS TO CHAIRMAN PRIOR TO THE MEETINGS)
- 7:30        QUESTIONS, ANSWERS, COMMENTS

# 2024 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 April 4<sup>th</sup> to assign any vacant spaces. Indicate on your **RYLA** Conference Reservation Form (Page 8) if your club would like to be considered for an additional lottery space. **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 Chairperson's name, Email address, mailing address and phone numbers to Jeff Henry (email and address on Page 5 of Handbook)

By December 30, 2023

Decide how many students your club would like to send to **RYLA**. Please limit # to 3 or less per High School in your clubs geographic region. Keep in mind the cost per student is \$350.00.

By February 13, 2024

Send applications to solicit qualified students (Handbook Pg. 11 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 16, 2024

Get applications back from students, interview students, Decide which students to accept.

By March 14, 2024

Send a check for \$350 for each student your club will be sending and a completed reservation form, (Handbook Page 9) to Jeffrey Henry (email and address on Handbook page 5). We need to know the number of students you wish to send at this point but not their identities.

**By March 15, 2024**

## **ROTARY CLUB RESPONSIBILITIES AND DEADLINES**

### **Page 2**

Make copies of the Handbook pages A3 – A6 and pages A8 – A11.  
Send them to your selected students and alternates. By March 31, 2024

Send the **RYLA** attendee form (Handbook Page 14) to Margo Lord (her address is on the form) **By April 8, 2024**

Be sure your selected students have filled out Handbook pages A3 to A6 and pages A8 to A11 and returned them to you. Send them to Director Margo Lord. **By May 15, 2024**

Arrange for your conferees to attend the **RYLA** Conference.  
Be sure they have times, dates and transportation. By June 21, 2024

Start of the **RYLA** Conference June 30, 2024

The closing for the **RYLA** Conference is on Wednesday July 03, 2024. 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 \_\_\_\_\_ **(maximum of 3)** students at the District 7170 **Rotary Youth Leadership Awards** Conference beginning on June 30, 2024 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, 2024.

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

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Club President or Club **RYLA** Chairperson

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Street Address

---

City, State, Zip

---

eMail Address

---

Home Phone

Please make check payable to **RYLA** and mail to:

Jeff Henry  
District 7170 **RYLA** Chairman  
1684 State Highway 206  
Greene, NY 13778

By March 15, 2024

**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 30 – Wednesday, July 03, 2024  
SUNY Oneonta, Oneonta, NY

## FOR IMMEDIATE RELEASE

The Rotary Club of \_\_\_\_\_ today announced the selection of \_\_\_\_\_ students as participants in the 41<sup>st</sup> Rotary District 7170 **R**otary **Y**outh **L**eadership **A**wards Conference held at SUNY Oneonta in Oneonta from June 30<sup>th</sup> to July 3<sup>rd</sup> this coming summer.

Students \_\_\_\_\_ and \_\_\_\_\_ will join 85 other students from high schools in the south-central New York who will live, work and study together at the **RYLA** 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 42 Rotary Clubs in the Southern Tier of New York State will conduct their 41st **Rotary Youth Leadership Awards** Conference at SUNY Oneonta in Oneonta, New York from June 30 to July 03, 2024. 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, career guidance group, sports, band, and chorus. Perhaps the greatest benefit will come from sharing this experience with approximately 85 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, 2024.**

The nominations should be made, and the names and applications given to your Rotary **RYLA** representative \_\_\_\_\_ no later than March 10, 2024. Our Rotary **RYLA** Committee will then conduct interviews and select conferees. Our interviews must be completed by March 31<sup>st</sup>. 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.

Thank 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, 2024.**

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/she 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 30<sup>th</sup> and concluding Wednesday afternoon, July 03<sup>rd</sup>. Conferees MUST be able to be in attendance all day, every day.**

# 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

Enthusiasm level: 1 2 3 4

Leadership potential: 1 2 3 4

4 = Best

## Required questions:

1. There will be little down time in a day full of activities which include presentations from others and physical activities. How flexible can you be with this type of schedule? (Example schedule is in handbook)
2. You will be engaging with others who have different views from you, are from other cultures, races, genders, sexual orientation, and so on. Rate your level of comfortable engagement on a scale of 1 – 5 (1 being uncomfortable, and 5 being absolutely comfortable with people different from you).
3. You will be staying in a dorm setting with 1 or 2 other individuals from other schools that you do not know. Are you comfortable with rooming with a person you do not know?
4. If you are selected, you must be at the RYLA Conference for the entire period Sunday, June 30<sup>th</sup> to Wednesday, July 03<sup>rd</sup>. You cannot leave. Can you make this commitment? Yes No

## Optional questions:

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? 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 to attend the **RYLA** Conference, we will ask you to come to a Rotary meeting at (time) 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
11. 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
12. Do you have any questions you would like to ask us?
13. If, in another life, you can come back as an animal, which animal would you be and why?

**RYLA** Attendee Form

Due by April 11, 2024

Club Name\_\_\_\_\_

Club Chairperson\_\_\_\_\_

Phone\_\_\_\_\_

Email\_\_\_\_\_

The following students have been selected to attend the 2024 **RYLA** Conference:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

The following students have been chosen as Alternates or potential Lottery:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please return this form by April 11, 2024 to:

Margo Lord  
67 South Chenango Street  
Greene, NY 13778  
margoemcdermott@gmail.com

# ROTARY DISTRICT 7170



**41<sup>ST</sup>**

**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 41<sup>st</sup> Rotary Youth Leadership Awards Conference hosted by the 42 Rotary Clubs in Rotary's District 7170. Approximately 85 students, between their 11<sup>th</sup> and 12<sup>th</sup> grade years, will participate. **The 2024 conference begins Sunday, June 30<sup>th</sup> and concludes Wednesday, July 03<sup>rd</sup>.**

**If you choose to accept this invitation to participate in the 2024 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, 2024. 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** Co-Director Margo Lord (607) 226-1888 or Jeff Henry, **RYLA** Committee Chairman, at (607) 725-6387.

**You should make copies of all forms you fill out and take the copies 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 10<sup>th</sup>** to:

(Club, Club Chair Name and Address) Rotary Club of  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## **RYLA** Reservation of Selected Conferee

(please print legibly)

Male ( )

Female ( )

Name:

Mailing Address:

City:

Zip:

Email Address:

Cell Phone #:

High School:

Grade:

Home Phone #.

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):

What musical instrument (if any) do you play?

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

## Can you bring your instrument to the RYLA Conference?

Are you a trained mediator in your school?

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 10<sup>th</sup>**, to:

(Club, Club Chair Name and Address) Rotary Club of

Rotary Club of \_\_\_\_\_

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# CONFERENCE COMMITMENT FORM

Return to Rotary Club contact \_\_\_\_\_ by **May 10, 2024**  
(Contact Name)

I have been informed by my local Rotary Club that I have been selected to attend the 41st **Rotary Youth Leadership Awards (RYLA)** Conference which will begin Sunday afternoon, June 30, 2024, and will conclude Wednesday afternoon, July 03, 2024. 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 10<sup>th</sup>.

A physical (it can be a school physical) **must be completed within July 1, 2022, to May 1, 2024** 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 30 through Wednesday, July 03, 2024. Please be sure that you are able to attend through the closing ceremony Wednesday afternoon, July 03<sup>rd</sup>. **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 Margo Lord, **RYLA** Program Co-Director, immediately at (607) 226-1888.

Congratulations on being selected to attend the 41st District 7170 **RYLA** Conference. We are looking forward to working with you and hope you will enjoy your **RYLA** experience.

SIGN HERE

Student Signature

SIGN HERE

Parent/Guardian Signature

Date

PLEASE PROVIDE PARENT CONTACT INFORMATION BELOW:

Parent/Guardian Name & Phone #

Parent/Guardian e-mail Address

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

(Club, Club Chair Name and Address) Rotary Club of \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# APPLICANT INFORMATION FORM & RELEASE OF LIABILITY FORM

## Page 1

### DISCLOSURE:

The **RYLA** Conference involves a variety of activities that often include warmups, games, group initiative problems, low ropes course elements and other rigorous 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.

### 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 10<sup>th</sup>** to:

(Club, Club Chair Name and Address) Rotary Club of \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# 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 A10.

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)


Parent or Guardian Name \_\_\_\_\_

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 10<sup>th</sup>** to:

(Club, Club Chair Name and Address) Rotary Club of  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# SUNY ONEONTA SUMMER PROGRAM HEALTH FORM CHECKLIST

## RYLA CONFERENCE – 2024

Dear **RYLA** Program Parent,

All parts of pages A3 through A6 and A8 through A11 must be completed and returned to your local Rotary Club contact below **no later than May 10<sup>th</sup>**.

Page A8 – to be completed by parent or guardian – complete all sections – be sure to sign and date at the bottom of the form.

Page A9 – UPDATED IMMUNIZATION RECORD – completed and signed by physician  
a. Two MMR dates are mandatory (Measles, Mumps, Rubella)

PHYSICAL EXAM – **must be within July 1, 2022, to May 1, 2024!!** A SCHOOL PHYSICAL IS ACCEPTABLE if performed by a physician, physician's assistant, or nurse practitioner.

Page A10 – 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 and sign 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 STUDENT WILL BE ALLOWED TO PARTICIPATE WITHOUT COMPLETED HEALTH FORMS.

**Return these medical forms by May 10<sup>th</sup> to:**

(Club, Club Chair Name and Address) Rotary Club of  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# ROTARY DISTRICT 7170 RYLA CONFERENCE

## HEALTH EXAMINATION FORM

Form must be completed and returned to your **local Rotary Club RYLA Chair** by May 10, 2024

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  
 Allergy  
 Anemia  
 Asthma  
 Bronchitis

Chicken Pox  
 Diabetes  
 Drug Dependency  
 Eczema  
 Emotional Problems/Counseling

Heart Disease  
 Jaundice  
 Kidney Disease  
 Pneumonia  
 Recurrent Ear Infection

Rheumatic Fever  
 Scarlet Fever  
 Seizure Disorder  
 Tonsillitis

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 and signed** by Physician – **PLEASE PRINT**

**PATIENT NAME:** \_\_\_\_\_ **DOB** \_\_\_\_\_

DTap Dates: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_ 5<sup>th</sup> \_\_\_\_\_

Tdap (Booster) Date: \_\_\_\_\_

Hepatitis B Vaccine DATES 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

POLIO VACCINE (complete series of Oral/Salk) Dates: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_ 5<sup>th</sup> \_\_\_\_\_

MMR (Measles, Mumps, Rubella) (after 1<sup>st</sup> birthday) DATES: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ (minimum of 28 days after dose 1)

VARICELLA VACCINE: DATES: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ OR DATE OF ILLNESS \_\_\_\_\_

MENINGOCOCCAL MENINGITIS VACCINE: DATES: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

**This examination MUST be performed within 12 months prior to arrival date at the conference. Examination for some other purpose within this 12 month 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 \_\_\_\_\_  
Glasses \_\_\_\_\_  
Ears \_\_\_\_\_  
Nose \_\_\_\_\_  
Throat \_\_\_\_\_  
Teeth \_\_\_\_\_  
Heart \_\_\_\_\_

Lungs \_\_\_\_\_  
Abdomen \_\_\_\_\_  
Hernia \_\_\_\_\_  
Extremities \_\_\_\_\_  
Posture (Spine) \_\_\_\_\_  
Skin \_\_\_\_\_  
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 \_\_\_\_\_

**SIGN HERE**

**Examining Physician/Physician's Assist./Nurse Practitioner**

Date \_\_\_\_\_ Address \_\_\_\_\_

MEDICATION SHEET – Must be completed and signed 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 PREFERRED 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 2<sup>nd</sup> page if needed)

DRUG	ROUTE	DOSAGE	SCHEDULE & INDICATIONS	COMMENTS

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

Address \_\_\_\_\_ License No. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_





## **RYLA CONFERENCE MEDIA RELEASE FORM**

Student's Name: \_\_\_\_\_

Student's Sponsored Rotary Club: \_\_\_\_\_

I hereby give District 7170 Rotary Youth Leadership Awards Conference the right and permission to publish, use photographs or video, and/or audio recordings of my student, a participant at the RYLA Conference. I understand that such reproductions could be used to publicize or promote the RYLA Conference, and/or the Rotary Club sponsoring my student through its own media productions (Club and District Website, social media, printed and/or online brochures, reports, promotional videos, and so on.) and/or through the commercial media (television, radio, internet, or print).

I waive any right to inspect and/or approve the finished product and do release District 7170, the sponsoring Rotary Club, and the Rotary Youth Leadership Award Conference from any liability by virtue of distortion by processing. I further agree that these items may be used for publication, broadcast or reproduction without limitation or reservation or any fee.

Parent/Guardian Signature: \_\_\_\_\_ 

Parent/Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_

## INFORMATION FOR CONFEREE to **RYLA** CONFERENCE

### **KEEP THIS PAGE**

**WHEN:** From Sunday afternoon, June 30 through Wednesday afternoon, July 03, 2024.

Check in times and location will be identified in the cover letter from the Director Margo Lord in June. If you have questions, please call:

Margo Lord  
(607) 226-1888

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

**PARTICIPANTS:** Approximately 100 students entering their senior class in the fall. They are being sponsored by the 42 Rotary Clubs of Rotary District 7170.

**Co-Director Margo Lord 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 15<sup>th</sup>, contact her at (607) 226-1888.**

1. If you are unable to obtain transportation to and from the conference, please contact your local Rotary Club.
2. Transportation to and from the conference should be provided by parents or Rotarians.
3. Participants will stay in dorms and will not have a roommate from their same school and/or club.
4. Conferees may not bring their own automobiles.
5. You are expected to remain on campus and attend all scheduled activities.
6. Visitors are not permitted.
7. 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.
8. 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.

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

It is recommended you bring:

Dress clothes for closing banquet  
Toilet articles  
Socks and sneakers  
Second pair of shoes  
Alarm clock and radio  
Notebook  
Musical instrument (if you play)

Spending money  
Camera (if you wish)  
Raincoat  
Shorts, tee shirts  
Fan  
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

**SUNY  
ONEONTA**



## V - Visitor Parking

### Obtain parking permits at

Netzer T10 (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)

**11** 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. Fittzelle 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. Wiber Hall                |
| 10. Denison Hall                          | 21. Human Ecology Building | 32. Netzer Administration Building      | 43. Wisbach Hall              |
| 11. Facilities Operations Center          | 22. Hunt College Union     | 33. Physical Science Building           |                               |

## RYLA CONFERENCE SAMPLE SCHEDULE

	Sunday	Monday	Tuesday	Wednesday
6:30 - 8am	Showers	Showers	Showers	Showers
8:00-9:00	<b>Sample Schedule - Subject to change without notice</b>	Breakfast	Breakfast	Breakfast
9:00-10:00		Interest Groups	Presentation	Student Union Round Table
10:00-11:00		<b>Presentation</b>	<b>Presentation</b>	
11:00-12:00		Small Group	Small Group	Small Group
12:00-1:30		Lunch	Lunch	Lunch
1:30-2:30		Presentation	Presentation	Check-out, Return Keys 1:30 - 2:30
2:30-4:00	Registration <b>Begins at 3:00</b> Location Dorm TBD	Small Group	Small Group	Goodrich Theater at 2:30 Closing Program starts at 3:00
4:00-5:30	Welcome to RYLA 2023 - Small Group	Presentation	4 - 5:30 Interest Groups	
5:30-6:30	Dinner	Dinner	Dinner	
6:30-8:00	<b>Presentation</b> 7:30 - 8:00 Small Group	Interest Groups	6:30 - 8:30 Talent Show	
8:00-9:00	8:00-9:00 Student Union Round Table	Small Group	Small Group	
9:00-10:00	9:00 Interest Groups 9:30 - 10:30 Outdoor Groups	8:30 - 10:30 RYLATHON	9 - 11 Black Light Dance	
10:00 - 11:00	10:30 Floor Meetings			
10:30 - 11:30	Showers / in dorm rooms	Showers / in dorm rooms	Showers / in dorm rooms	
11 - 11:30	Lights Out	Lights Out	Lights Out	

## 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 and Media Release form completed and submitted to Local Rotary Contact (pp. A5, A6 and A11)
- \_\_\_\_\_ SUNY Oneonta Summer Program Health Form Check List, including updated Immunization Record and Medication Sheet, completed and returned to Local Rotary Contact (pp. A8, A9, and A10)
- \_\_\_\_\_ Confirm Pages Signed and Dated where there is a  symbol. Student and/or Parent need to sign Pages A4, A6, A8, & A11. Health Care Provider (MD, PA, NP) need to sign pages A9 & A10.

**ALL FORMS MUST BE SUBMITTED TO YOUR LOCAL ROTARY CONTACT**

**BY May 10, 2024**

<b>Club <u>RYLA</u> Chairs: Pages <b>A3 through A6</b> and Pages <b>A8 through A11</b> must be returned to</b>
<b>Co-Director Margo Lord or Co-Director Kris McDermott by <u>May 15, 2024</u>.</b>