**ROTARY DISTRICT 7850**

**RYLA 2025 REGISTRATION FORM**

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| **RETURN THIS FORM TO YOUR SPONSORING ROTARY CLUB** |

**RYLA Participant Information**

Congratulations! You have been awarded a scholarship to attend the Rotary Youth Leadership Academy (RYLA) Conference, held at Northern VT Univ - Lyndon from **Friday, June 20, 8:00 am to Sunday, June 22, 2025, 1:00 pm**. Y**ou and your parent or legal guardian should complete this form together.** This form and the release forms are mandatory to meet the requirements of Rotary and our RYLA partner, Northern Vermont University. **Thank you in advance for completing these forms in detail and legibility**.

**IMPORTANT!!! RETURN THIS FORM BY EMAIL AND MAIL A SIGNED HARD COPY TO THE ROTARY CONTACT PERSON FROM YOUR LOCAL SPONSORING CLUB.**

**DON’T KNOW WHO THIS IS? EMAIL** **reb845@yahoo.com** **for clarification!**

Last Name Last Name Click here to enter text. First Name Click here to enter text. Middle Initial Click here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Mailing Address Click here to enter text. City / Town Click here to enter text.

State (Province) State (Province) Zip+4 (Postal) Code Click here to enter text.

Physical Address, if different Click here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_S Name of School Attending in September Click here to enter text. City/Town Click here to enter text.

Grade (in Spring of ’25) Click here to enter text. Date of Birth: Click here to enter a date. M [ ]  F [ ]  O [ ]

Home Phone Click here to enter text. Student Cell Phone Click here to enter text.

Student Primary E-Mail Address Click here to enter text.

My T-Shirt Size is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List prior Rotary activities in which you have participated, if any: Click here to enter text.

**Sponsoring Rotary Club please provide:**

Club Name: Rotarian Contact:

**PARENT INFORMATION**

**Legal Custodian #1 Last Name First Name Specify Relationship**

 **(Mother, Father, Step-, Grand-. etc.)**

Click here to enter text. Click here to enter text. Click here to enter text.

Mailing Address City / Town State (Province) Zip+4 (Postal) Code

Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text.

Physical Address, if different Click here to enter text.

Phone #1 (LEGIBLY) Click here to enter text. Phone #2 Click here to enter text.

E-Mail #1 (LEGIBLY) Click here to enter text. E-Mail #2 Click here to enter text.

**Legal Custodian #2 Last Name First Name Specify Relationship**

 **(Mother, Father, Step-, Grand-, etc.)**

Click here to enter text. Click here to enter text. Click here to enter text.

Mailing Address City / Town State (Province) Zip+4 (Postal) Code

Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text.

Physical Address, if different Click here to enter text.

Phone #1 Click here to enter text. Phone #2 Click here to enter text.

E-Mail #1 Click here to enter text. E-Mail #2 Click here to enter text.

**EMERGENCY INFORMATION**

Emergency Contact person must have authority to consent to medical treatment. If NOT listed above, please attach evidence of this authority.

#1 Contact: Click here to enter text.

Best Daytime Contact: Click here to enter text. Best Nighttime: Click here to enter text.

#2 Contact: Click here to enter text.

Best Daytime Contact: Click here to enter text. Best Nighttime: Click here to enter text.

**CURRENT MEDICAL INFORMATION**

1. Do you have any allergies requiring management other than over-the counter medications (e.g., bee sting, drugs, foods, etc.)? Yes [ ]  No [ ]

 If yes, please explain: Click here to enter text.

1. Will you be taking any prescribed medications while at RYLA? Yes [ ]  No [ ]

 If yes, what: Click here to enter text.

1. Do you have any chronic illnesses? (*e.g.*, diabetes, epilepsy, asthma, etc.) Yes [ ]  No [ ]

 If yes, what: Click here to enter text.

1. What is your current level of physical activity? [ ]  LOW [ ]  MEDIUM [ ]  HIGH
2. Do you have any conditions that might prevent you from any physical activities? Yes [ ]  No [ ]

 If yes, please list: Click here to enter text.

1. Have you experienced any injuries within the last 3 years? Yes [ ]  No [ ]

 (*e.g.*, dislocations, severe sprains, torn ligaments, separations, etc.)

 If yes, list them, identify when the injuries occurred and the severity of the injury: Click here to enter text.

1. If Yes above, have you fully recovered from this injury/these injuries? N/A [ ]  Yes [ ]  No [ ]

 If no, please list the injury/injuries still in recovery and your current status: Click here to enter text.

1. Have been treated by a physician for an injury or illness within the past year? Yes [ ]  No [ ]

 If yes, please explain: Click here to enter text.

1. Do you have any physical disabilities? Yes [ ]  No [ ]

 If yes, please explain: Click here to enter text.

1. Do you wear contact lenses? Yes [ ]  No [ ]
2. Have you had a tetanus shot? Click here to enter text. Yes [ ]  No [ ]

 Date of shot if known: Click here to enter a date.

**Medical Authorization and Consent Release Form**

**RYLA Participant’s Name:** Click here to enter text.

**Date of Birth:** Click here to enter a date.

RYLA Participant’s Physician: Click here to enter text.

 Address: Click here to enter text.

 Phone #: Click here to enter text.

Health insurance provider name: Click here to enter text.

 Policy holder’s name: Click here to enter text.

 Policy #: Click here to enter text.

I hereby authorize the 2025 RYLA Conference Director or RYLA Rotarian Volunteer designee to arrange for medical treatment and/or ambulance transport for my child, if in his/her opinion such treatment is deemed necessary. I give permission to allow administration of Advil or a similar mild pain medication to the student, if needed. I further understand that I will be contacted as soon as possible in the event any medical treatment is deemed necessary, beyond mild pain medication.

**Note: This form requires parent’s or guardian’s signature regardless of student age**

**Parent or Legal Guardian:**

Name: Click here to enter text. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click here to enter a date.

**RYLA Participant:**

Name: Click here to enter text. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click here to enter a date.

**PARTICIPANT ASSUMPTION OF RISK**

**RELEASE OF ROTARY AND NORTHERN VERMONT UNIVERSITY-LYNDON LIABILITY**

The Rotary Youth Leadership Academy (RYLA) program provides goal oriented activities that offer participants an opportunity to explore new behaviors related to trust, teamwork, and leadership capabilities. Outdoor adventure activities are exciting, challenging, and both physically and mentally demanding. Some activities may be stressful and possibly hazardous. These activities may include field games, low elements (a few feet high that are constructed of rope, cable and wood), and high elements that require safety equipment, or rock climbing. All activities are supervised by instructors who have been specifically trained in the operation and safe practices of challenge courses, or rock climbing. The philosophy of “Challenge by Choice,” means that participants agree to choose their own level of challenge, and agree not to be coerced by instructors or other participants.

Rotary District 7850 has taken precautions to provide proper equipment and qualified instructors. It is impossible, however, to guarantee absolute safety. While it is the aim and responsibility of the program and instructors to provide you with an enjoyable, educational, and safe experience, you must realize that there is a degree of risk and personal responsibility for safety when you participate in adventure activities. You will receive instruction in safe up-to-date practices and safety techniques related to all elements and activities, and are supervised throughout the program. Participants are advised to call hazardous situations to the leader’s attention. Injuries can occur. By consenting to participate, you assume all risks incidental to use of the course and activities, including the possibility of bruises and other more serious injuries.

Signing this form indicates your recognition and understanding of the responsibilities and hazards inherent in your participation in the conference and associated activities.

We, the undersigned RYLA participant and his/her legal guardian, understand that while attending the Rotary District 7850 Rotary Youth Leadership Academy (RYLA) Conference, the participant will have the opportunity to participate in the sports activities, as well as the “Rope Course” in small and large groups, and regular planned activities. We understand that parts of the activities of the conference may be physically or emotionally demanding. We affirm that the participant’s health is good, and that the participant is not under a physician’s care for any undisclosed condition that bears upon my fitness to participate in sports activities, including the “Rope Course.” We understand that the assumption of the risk of physical injury that could result from any of these activities is ours. We agree to assume all responsibility and risks involved in the program, and for ourselves and our heirs to release and hold harmless the Rotary Youth Leadership Academy Conference Coordinators, the involved Rotary Clubs, and Rotary District 7850 sponsoring and conducting the RYLA Conference, Rotary International and Northern Vermont University-Lyndon from all claims and legal actions, whether for property damage, physical injury, or otherwise arising from participation in the program.

We, participant and legal guardian, confirm with our signatures that we have read this information. We understand the responsibilities of participation and assume the entire risks incidental to this the RYLA program. We have provided all the medical information that has been requested. I, the participant, agree to follow instructions and directions given by my instructors and to act with good judgment.

RYLA Participant’s Full Name: Click here to enter text.

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**Signature of RYLA Participant Date**: Click here to enter a date.

**Student Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of RYLA Participant’s Parent or Legal Guardian: Click here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Parent or Legal Guardian** Date: Click here to enter a date.

ROTARY DISTRICT 7850

Rotary Youth Leadership Academy (RYLA)

Marketing Release

PHOTOGRAPHY/VIDEO RELEASE

I hereby authorize Rotary International District 7850, Inc, and Rotary Clubs within Rotary District 7850 (hereinafter "Rotary"), to publish photographs/videos taken on of myself and/or the minor child(ren) listed below, and our names and likenesses, for use in the Rotary's print, online and video-based marketing materials, as well as other Rotary publications.

I hereby release and hold harmless Rotary from any reasonable expectation of privacy or confidentiality for myself and for the minor child(ren) listed below associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize Rotary to use their likenesses and names.

I further acknowledge that participation is voluntary and that neither I nor my minor child(ren) will receive financial compensation of any type associated with the taking or publication of these photographs/videos. I agree that publication of said photos/videos confers no rights of ownership or royalties whatsoever.

I hereby release Rotary its members, its contractors, its employees and any third parties involved in the creation or publication of Rotary publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

Authorization:

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names and Ages of Minor Children: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_\_\_

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

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