



## **RYLA Jr Counselor Role & Required Essay**

Twelve (12) Junior Counselors will be selected to attend RYLA. Each Junior Counselor will be the leader of a team of 8 Delegates, working with an Adult Advisor for advice and mentoring. They will lead the activities included in the weekend program, as well as be expected to ride the buses with the Delegates to and from the camp, and sleep in the cabins with the Delegates. Two (2) Alternates will also be chosen and will attend if any of the first 12 cannot attend.

The requirements to be a Junior Counselor are:

- (1) Must have attended RYLA within the last two years as a Delegate
- (2) Be a Junior or Senior in High School or a Freshman or Sophomore in College. Must be 17 by January 13, 2023.
- (3) Submit an application with your Essay and participate in a telephone interview with members of the District RYLA Committee in November

### **ESSAY INSTRUCTIONS**

Please tell us in 500 words or less why you want to be selected as a Junior Counselor for RYLA, and how you believe your prior experience at RYLA, as well as other leadership or community service would be beneficial to your assigned team. Your essay can be included as page 8 of this application.

Junior Counselors will be selected by the District RYLA Committee, not by the sponsoring Rotary clubs. JC's will be notified in writing or by email by December 1.

**TO APPLY:** Complete the attached application form, including the Essay.  
Deliver to your Sponsoring Rotary Club by November 1st.



**Applicant:** Deliver completed application to local sponsoring Rotary Club  
**Rotary Club:** Mail or email approved application to RYLA Registrar:  
 San Luis Rotary Club, c/o Marcos Ramirez, PO Box 13926, San Luis, AZ 85349  
 Email: marcosramirez5550@gmail.com **Application Deadline: November 1, 2022**  
 Questions: RYLA Chair Jennifer Wantz – wantzj@cochise.edu

District 5500 Rotary Youth Leadership Awards  
**Junior Counselor Application**  
 January 13-16, 2023 Chapel Rock, Prescott, Arizona  
 Junior Counselors will ride up on Charter Buses

Please attach a current photo or Email one with completed application

The entire \$450 cost of attending the RYLA Conference will be paid by your local Rotary Club. Successful applicants are required to attend the entire conference and must stay on campus until the end of the program on Monday. Exceptions will not be made. Approved applicants will be required to provide the attached medical history and letter of indemnity.  
**Please make payments payable to: Rotary District 5500**

**Please type or print legibly. Illegible applications will not be considered. Application must be complete.**

Name:		Age:	Gender: M ___ F ___
Preferred Name:		D.O.B.:	Adult Sweatshirt Size: S ___ M ___ L ___ XL ___ XXL ___ XXXL ___
Street Address:		City:	Zip:
Cell #	Email:		
University or College:		Grade: ___	
Have you attended RYLA before:		If yes, what year:	
Legal Guardian (if under 18):	Email:	Cell Phone #	
Emergency contact name:	Relationship:	Emergency Contact Cell Phone #	
Name of Sponsoring Rotary Club:		Club Contact:	
Dietary Allergies:		Dietary Preferences (e.g. vegetarian, vegan, gluten-free):	
Interests/Talents/Hobbies:			
Leadership Positions (In & Out of School):			
Service to Community (In & Out of School):			
What profession are you considering:			

# RYLA Health Form

This information is confidential and will only be used if urgent medical assistance is required and will only be provided to the Medical Officer. **HEALTH FORMS WILL NOT BE ACCEPTED IF INCOMPLETE.**

**Please do not schedule medical and/or dental procedures right before RYLA.**

**Has the Applicant ever received treatment, attention or advice from a physician or other practitioner for, or been told by any physician or practitioner that such person had/has: (Place an "x" if YES)**

<input type="checkbox"/> ALLERGIES	<input type="checkbox"/> HERNIAS
<input type="checkbox"/> ASTHMA	<input type="checkbox"/> PNEUMONIA
<input type="checkbox"/> APPENDICITIS	<input type="checkbox"/> ULCERS
<input type="checkbox"/> ARTHRITIS	<input type="checkbox"/> RHEUMATIC FEVER
<input type="checkbox"/> DIABETES	<input type="checkbox"/> SERIOUS OR PERSISTENT HEADACHES
<input type="checkbox"/> EPILEPSY	<input type="checkbox"/> VERTIGO, DIZZINESS
<input type="checkbox"/> OTHER	

Please explain: \_\_\_\_\_

Will Applicant be bringing an Epi Pen or inhaler with them? (Check if yes) EPI PEN [  ] INHALER [  ]

**Does the Applicant have any Disease, Impairment or Abnormality of: (Place an "x" if YES)**

<input type="checkbox"/> EYES OR SIGHT	<input type="checkbox"/> HEART OR BLOOD VESSELS
<input type="checkbox"/> EARS OR HEARING	<input type="checkbox"/> LUNGS, RESPIRATORY SYSTEM
<input type="checkbox"/> TONSILS, NOSE	<input type="checkbox"/> BONES, JOINTS OR LOCOMOTOR SYSTEMS
<input type="checkbox"/> THROAT	<input type="checkbox"/> SKIN
<input type="checkbox"/> STOMACH	<input type="checkbox"/> DIGESTIVE SYSTEM
<input type="checkbox"/> OTHER	

Please explain: \_\_\_\_\_

Will Applicant be bringing any prescribed medication(s) with them? YES [  ] NO [  ]

If YES please list the medications and ensure a supply for 6 days.

Medication, dosage and reason: \_\_\_\_\_

**Please check medication in with RYLA Staff on site. All medication must be in original prescription bottles.**

**Is your child covered by medical insurance? Check one: YES [  ] NO [  ] AHCCSS [  ]**

**IF YES, PLEASE PROVIDE A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD WITH THIS FORM**

Name of Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Billing Address of Insurance Company \_\_\_\_\_

Family Physician's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Emergency Contact \_\_\_\_\_ Telephone Number \_\_\_\_\_**

When was the Applicant's last Tetanus shot? \_\_\_\_\_ (Required for participation)



## Delegate & Junior Counselor Code of Conduct

1. I am to conduct myself at all times in a manner which will bring credit to me, my family, my school and my sponsoring Rotary Club.
2. I have made a commitment to attend the entire RYLA Workshop. I may not leave the workshop earlier than the closing event on Monday without the permission of the RYLA Chair.
3. I shall participate in all workshop events and exercises and be where I am scheduled at the assigned times.
4. I will sleep in the room to which I am assigned and be in my room during the designated periods.
5. Male delegates and junior counselors are not permitted in female rooms or areas at any time and vice versa.
6. I must dress appropriately at all times. I cannot wear tank tops, halter tops, muscle shirts, T- shirts with vulgar or offensive language/pictures/ prints, short-shorts, nor have a bare midriff.
7. I will wear my name tag at all times and display my team color during activities, events and meals.
8. I will report any damage or breakage immediately to my Counselor, Assistant Counselor, Junior Counselor or RYLA staff.
9. I understand smoking and tobacco products are prohibited.
10. I understand that alcoholic products are prohibited.
11. I understand that any medication, whether prescription or over-the-counter, must be in its original container and must be identified on the Health Form. Any medication in the possession of a Delegate or Junior Counselor not on the Health Form will be confiscated.
12. I will not use foul and abusive language, including discriminatory remarks and threatening comments.
13. I understand that inappropriate contact or conduct with other Delegates or Junior Counselors is unacceptable.
14. I will not bring:
  - Illegal drugs
  - Firearms, knives or any other type of weapon
  - Tobacco
  - Inappropriate reading material or pictures
15. I also understand I am not to drive a vehicle to the event.

I have read, understand, and agree to abide by the Code of Conduct. Should my conduct be considered unacceptable at any time in the opinion of the District Governor, RYLA Chair or member of the Admin Team or should I transgress any code above, I understand I will be dismissed from RYLA and will be sent home. I also understand that my parent(s)/guardian(s) will be contacted to pick me up immediately from Chapel Rock.

Jr Counselor (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## DISTRICT 5500 RYLA WORKSHOP CONSENT FORM

**In consideration of being accepted as a Jr Counselor at the 2023 RYLA Workshop, I agree as follows (please initial each statement):**

\_\_\_\_\_ PHOTO RELEASE: I give permission to have my photo taken and used to promote the Rotary Youth Leadership Awards Program (RYLA) on websites, presentations and in brochures.

\_\_\_\_\_ EMERGENCY MEDICAL TREATMENT AUTHORIZATION: I authorize the Rotary Youth Leadership Awards Workshop District 5500 **Committee to act for my child including seeking medical care in any emergency, accident or illness during the workshop.**

\_\_\_\_\_ RELEASE: I assume the risk for any injuries that I may sustain, or for any damage to any property of mine which may occur during the RYLA Workshop or while traveling to or from the Workshop. I hereby release and discharge \_\_\_\_\_ Rotary Club, its members, as well as Rotary District 5500 and Rotary International (hereinafter Rotary), and their agents and employees, from any and all claims, demands, causes of action, or damages of any kind whatsoever resulting from or arising out of my attendance and participation at the RYLA Workshop.

\_\_\_\_\_ INDEMNITY: I agree to indemnify, hold harmless, and defend Rotary from and against any and all claims, costs, expenses, or liability, including attorney's fees, for bodily injury, sickness, disease, or death, or to damage or destruction of property caused by, arising out of, resulting from, or incurred in connection with my participation at the RYLA Workshop.

**I have read and understand the above agreements, and consent to all of the terms.**

Jr Counselor Name (Print): \_\_\_\_\_

\_\_\_\_\_  
Signature of Jr Counselor Date \_\_\_\_\_

Name of Parent/Guardian (Print): \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian (if under 18) Date: \_\_\_\_\_

\_\_\_\_\_  
Phone number of Parent/Guardian

It is required that any Jr Counselor who is under the age of 18 years must have his or her parent or guardian execute this RYLA Workshop Consent Form.

# Participant Information and Permission Form (Chapel Rock)

DISCLOSURE: CHAPEL ROCK programs involve a variety of activities that often include warm-ups, games, group initiative problems, high and low ropes course elements, rock climbing, rappelling, kayaking, orienteering, and other rigorous physical adventure activities. **(The level of participation in a program activity is at all times completely up the individual.)** Trained professional staff conducts all programs; yet there is a risk which must be assumed by each participant that he/she may suffer an emotional or physical injury, disability or death. Every participant in CHAPEL ROCK programs is encouraged to 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 this form and return it to CHAPEL ROCK prior to participating in any activities.

Dates of Participation: January 13-16, 2023

## PARTICIPANT INFORMATION:

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

1. Person to contact in case of emergency \_\_\_\_\_  
Relationship to participant \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_
2. Do you have health/accident insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, name of company and policy number \_\_\_\_\_
3. Do you have any limiting physical or mental disabilities or medical restrictions (temporary or permanent) that could present a hazard to yourself or others during the duration of this program? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, identify and explain \_\_\_\_\_  
\_\_\_\_\_
4. Are you currently taking medication (prescribed or otherwise; e.g., cold medicine)? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, state what you are taking and for what condition \_\_\_\_\_  
\_\_\_\_\_
5. Do you have allergies, reactions to medications, any other medical limitations? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, identify and explain \_\_\_\_\_  
\_\_\_\_\_
6. Have there been any recent major life changes? (E.g., job changes, death in the family, geographic move, etc.) \_\_\_\_\_ Yes \_\_\_\_\_ No

**RELEASE OF LIABILITY:** I understand that parts of the CHAPEL ROCK program 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 CHAPEL ROCK activities. I understand that each participant must assume the risk of physical injury that could result from any of these activities. I release CHAPEL ROCK, and its staff members, from all liability for any injury to me from participation in CHAPEL ROCK activities. I understand that these terms shall serve as a release of liability for my heirs, executors, and administrators and for all members of my family. I have carefully read this Disclosure and Release of Liability and fully understand its content.

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Date \_\_\_\_\_ Jr Counselor Signature \_\_\_\_\_

**PHOTO/MEDIA RELEASE:** I grant to CHAPEL ROCK, and persons acting for or through them, the rights to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself for use in materials they may create.

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Date \_\_\_\_\_ Jr Counselor Signature \_\_\_\_\_

**PARENTAL WAIVER OF CLAIMS:** Parental permission must be secured for participants who are not of legal age (18 years). If you are not yet classified as a legal adult, your parent(s) or legal guardian(s) must complete the following:

I/we \_\_\_\_\_ (parents' or guardians' name(s)) give permission for my/our child \_\_\_\_\_ (child's name) to participate in the CHAPEL ROCK program and associated field trip(s). Should my/our child become injured, I/we request that the trip leader or designated CHAPEL ROCK staff secure emergency medical services to aid my/our child, if in their judgment such services are necessary. I/we agree to incur any additional expenses associated with such action. As parents/guardians, I/we have decided (with or without) medical advice) that my/our child is physically, mentally, and socially able to participate, and I/we acknowledge that any medical or accident insurance we consider necessary will be my/our responsibility to locate and purchase. Furthermore, I/we have read all sections of this form and do hereby release CHAPEL ROCK and its employees from liability for any damages, injuries or losses which may occur while said child is participating in this CHAPEL ROCK program.

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Date \_\_\_\_\_ Parent or Guardian Signature (if participant is under age 18) \_\_\_\_\_

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Date \_\_\_\_\_ Parent or Guardian Signature (if participant is under age 18) \_\_\_\_\_



**DISTRICT 5500 RYLA WORKSHOP SPONSOR FORM**  
**To be completed by the Sponsoring Rotary Club (NEW)**

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

Jr Counselor being sponsored: \_\_\_\_\_

Rotary Club Contact: \_\_\_\_\_

Rotary Contact Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

**Club certification:**

\_\_\_\_\_ Application has been reviewed for completeness (including medical & emergency contact numbers verified). **Incomplete applications will be returned to the Club to be completed.**

\_\_\_\_\_ Jr Counselor has been interviewed and selected

\_\_\_\_\_ No refunds will be given for any delegate who cancels after December 10. A club may substitute an alternate delegate to fill this space. Otherwise the space will be given to the next delegate on the waiting list.

\_\_\_\_\_ If a delegate fails to follow the Delegate & Junior Counselor Code of Conduct or their conduct is considered unacceptable at any time in the opinion of the District Governor, RYLA Chair or member of the Admin Team, they will be dismissed from RYLA and sent home. **Both parent(s) and the Club Contact will be called. If the parents are unable or unwilling to pick up their son/daughter from Chapel Rock in a reasonable period of time, the Club agrees to come pick up the delegate and take them home.**

Signature of Club Contact: \_\_\_\_\_

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





## RYLA ESSAY

Tell us in 500 words or less why you want to be selected as a Junior Counselor for RYLA, and how you believe your prior experience at RYLA, as well as other leadership or community service would be beneficial to your assigned Team.

**Applicant Name:** \_\_\_\_\_