



RYLA Participant Application

96 delegates and twelve (12) Junior Counselors will be selected to attend RYLA. Delegates are students that have not attended RYLA in the past. Junior Counselors (JC's) typically have attended RYLA in the past and will be the leader of a team of 8 Delegates, working with an Adult Advisor for advice and mentoring. JC's 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.

The requirements to be a Delegate are:

- (1) Must be sponsored by a local Rotary Club from District 5500
- (2) Submit an application with your Essay and participate in a telephone interview with a member of the district admin team

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 11, 2024.
- (3) Submit an application with your Essay and participate in a zoom interview with members of the District RYLA Committee in November
- (4) Participate in RYLA training on January 6, 2024 via zoom from 8 am - 11 am

ESSAY INSTRUCTIONS

Please tell us in 500 words or less why you want to be selected as a delegate or Junior Counselor for RYLA, please be sure to speak of your leadership or community service. Your essay can be included as an additional page 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 15.

TO APPLY: Complete the attached application form, including the Essay. Deliver to your Sponsoring Rotary Club by October 15. The applications need to be submitted to RYLA admin team by November 1, 2023.



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: **ryladistrict5500@gmail.com** **Application Deadline: November 1, 2023**
Questions: RYLA Chair Jennifer Wantz – ryladistrict5500@gmail.com

January 12 - 15, 2024

District 5500 Rotary Youth Leadership Awards Application
Chapel Rock, Prescott, Arizona

The entire **\$500** 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. Applicants will need to follow the camp rules and regulations. 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:		
High School, University or College:			Grade: ___
Have you attended RYLA before:			If yes, what year:

Legal Guardian Name (if under 18): _____

Email: _____ Cell Phone # _____

Emergency contact name: _____

Relationship: _____ Emergency Contact Cell Phone # _____

Name of Sponsoring Rotary Club: _____

Club Contact Name: _____ Phone Number: _____

Dietary Allergies:	Dietary Preferences (e.g. vegetarian, vegan, gluten-free):
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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 RYLA 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"/> RHEUMATICFEVER
<input type="checkbox"/> DIABETES	<input type="checkbox"/> SERIOUSOR 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"/> DIGESTIVESYSTEM
<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. RYLA sweatshirts must be on the outside of each participant 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 or approved by the RYLA Medical Director 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 Delegate or Jr Counselor at the 2024 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.

Participant Name (Print): _____ Date _____

Signature of Participant: _____

Name of Parent/Guardian (Print): _____ Date: _____

Signature of Parent/Guardian (if under 18): _____

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 to the individual.)** Trained professional staff conduct 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 12 - 15, 2024

PARTICIPANT INFORMATION:

Name _____

Address City State _____ Zip _____

Home Phone _____ Business Phone _____

Birth Date _____ Age _____ Gender _____ Height _____ Weight _____

1. 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

If yes, identify and explain:

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.

Participant Signature _____ Date _____

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.

Participant Signature _____ Date _____

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.

Parent/Guardian Signature (if participant is under age 18): _____

Date _____



DISTRICT 5500 RYLA WORKSHOP SPONSOR FORM

To be completed by the Sponsoring Rotary Club

Name of Rotary Club: _____

RYLA participant 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.**

____ RYLA participant 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 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 Delegate or Junior Counselor for RYLA, and how you believe your prior experience at RYLA or other leadership experiences or community service would be beneficial to you and your community.

Applicant Name: _____