



ROTARY YOUTH LEADERSHIP AWARD (RYLA)
 SPRING 2018 APPLICATION

Date: April 6-8, 2018

Camp Kitaki, 4917 East Park Highway, Louisville, NE

Send applications and \$200 per student to:

Tom Cardwell, RYLA

7221 South 33rd Street

Lincoln, NE 68516

or email to:

thomascardwell@yahoo.com

Applicant must be a Sophomore or Junior in High School to attend

Name	Age/Dob	Gender (f,m)	School
Mailing address	City	State	Zip Code
Home phone	Student Cell	S M L XL XXL	
Email	Shirt size		
Father's name	Address	Work phone	Cell
Mother's name	Address	Work phone	Cell
Rotary Club	Name	Title	Telephone

Please list any problems, allergies or medical conditions

Please list any prescription medications with dosage and frequency.

Applicants physician/phone

Health Ins. Co. /insurance #/phone/mark NA if none

PARENTAL / GUARDIAN AUTHORIZATION: (initial below)

INITIAL: _____ I do voluntarily consent to said minor's participation in all activities of the Rotary Youth Leadership Awards to be held at Camp Kitaki near Louisville. I assume responsibility for any medical treatment, transport fees or costs incurred directly or indirectly because of said minor's participation. I also authorize the representative(s) of Rotary International to arrange for professional care and treatment in case of medical

emergency. I hereby give permission to the physician selected by the Rotarian(s) to hospitalize, secure professional treatment for and/or to order injections, anesthesia and/or surgery for the minor named above.

INITIAL: _____ I permit this minor to participate in the Rotary International District 5650 Rotary Youth Leadership Awards (RYLA) and to engage in all activities related to the weekend program. I hereby assume the risk associated with participation & agree to hold Rotary International, Rotary District 5650, its committees, employees, agents, representatives, & volunteers harmless from any & all liabilities, actions, causes of action, claims or demand of any kind & nature whatsoever which may arise by or in connection with said minor's participation in any activities related to the Rotary Youth Leadership Awards. The terms here shall serve as a Release & the assumption of the risk for said minor, his or her heirs, estate, executor, administrator, & assignees as well as members of my family.

INITIAL: _____ I also take full responsibility for any valuables that the above named participant takes to this camp and give permission for Rotary to post pictures of said minor participating in this event in Rotary publications including on its website

INITIAL: _____ I further consent to permit authorized Rotarians to contact said minor after the Rotary Youth Leadership Awards with respect to other Rotary Programs and activities.

A photocopy of this form is as valid as the original.

Parent/Guardian's Signature Date

I understand the commitment that goes along with selection to participate in the RYLA Leadership Conference. I will attend the entire RYLA conference unless granted an exception.

Student Applicant's Signature Date

This portion of the application must be completed by the Rotary Club!!!

The above participant is in his/her sophomore or junior year in High School unless granted an exception. The applicant demonstrates ability to think critically and shows evidence of awareness of community, state, national and world issues. This applicant is nominated to attend District 5650 RYLA.

Rotary Club: _____ **Date:** _____

Club President signature: _____ **Printed name:** _____

Home phone: _____ **Work phone:** _____ **Cell:** _____

Email: _____ **Second email:** _____

Student Name: _____ **School:** _____ **Rotary Club:** _____

To help the Rotary RYLA committee make their selection for interviews please answer the following:

1) Describe your leadership experiences starting with your most significant experience

2) Describe a leader significant to you personally.

3) What is your leadership style?

4) What are your life goals?

5) Describe how the RYLA experience will be beneficial to you.