

Thank you for downloading the District 5650 Rotary Youth Leadership Awards camp application packet. This packet includes:

- Official .pdf Fillable Application
  - Application
  - Parent/Guardian Authorization
  - Statement of Understanding – Student
  - Statement of Understanding - Parent/Guardian
  - Student Application Questions
  - Nomination Form

All pages of the application must be completed, signed where indicated, and mailed or emailed back no later than March 2, 2020 for due consideration. We do require a wet/actual signature.

**Mail to:**

Lori Benton  
District 5650 RYLA Chairperson  
11115 Hilltop Avenue  
Omaha, NE 68164

**Email to:**

[Lorijobenton@gmail.com](mailto:Lorijobenton@gmail.com)

**And feel free to call with any concerns or questions.**

404-694-0846

## ROTARY YOUTH LEADERSHIP AWARDS (RYLA)

SPRING 2020 APPLICATION

April 17th, 11:00am registration-19th 4:00pm, 2020  
Camp Kitaki, 4917 East Park Highway, Louisville, NE

**APPLICATION  
DEADLINE IS NOON,  
MARCH 2, 2020.**

**Applicant must be a Sophomore or Junior in High School and be available to attend all three days of camp.**

1. Student's First Name:
2. Middle Initial:
3. Last Name:
4. Nickname if Desired:
5. Date of Birth:
6. Gender Identity:
7. Home Mailing Address:
8. SCity:
9. SState:
10. SZip:
11. Home Phone:
12. Student Phone:
13. Student's Email:
14. T-Shirt Size:
15. Parent or Guardian (1) Name:
16. 1- Address (if different from student):

17. 1 - (Work or Cell) Phone:

18. Parent or Guardian (2) Name:

19. 2-Address (if different from student):

20. (2-Work or Cell) Phone:

21. Do you have physical disabilities or conditions which might limit your participation?  
Please identify them:

**SEND APPLICATIONS TO:**

Lori Benton, District 5650 RYLA 2020, 11115 Hilltop Avenue, Omaha, NE 68164 or email to  
Lorijobenton@gmail.com. With questions, call Lori at 404-694-0846

## **PARENTAL / GUARDIAN AUTHORIZATION, UNDERSTANDING AND WAIVER**

INITIAL: \_\_\_\_\_ I, the undersigned custodial parent or guardian of the RYLA student named herein, for myself the other parent or guardian, and child, in consideration for the acceptance and participation with the Rotary Youth Leadership Awards (RYLA), do HEREBY RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS AND COVENANT NOT TO SUE Rotary International, the Rotary District 5650 , and the Sponsoring Rotary Club, their directors, officers, members, agents, employees, and volunteers, (hereinafter referred to as “Rotary”, from all liability to the undersigned, his/her personal representatives, assigns, heirs and next of kin for any loss or damage, or any claim or demands therefore, on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of Rotary, or otherwise, while the student is traveling to or from, or is in, upon or about the premises or any facilities, or equipment therein, or participating in any program affiliated with Camp Kitaki or Rotary, without respect to location. The undersigned further expressly agrees to the foregoing RELEASE, WAIVER, INDEMNITY AGREEMENT, AND COVENANT NOT TO SUE, is intended to be as broad and inclusive as is permitted by the laws of the State of Nebraska, this waiver being governed by the laws of the State of Nebraska and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect with any claim that any portion being valid, in addition to any other claims, be resolved in an appropriate forum in Cass County, Nebraska.

INITIAL: \_\_\_\_\_ I do voluntarily consent to said minor’s participation in all activities of the Rotary Youth Leadership Awards (RYLA) to be held at Camp Kitaki near Louisville, NE (hereinafter referred to as the “Activities”). 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 am voluntarily participating in the Activities. I understand that there are risks associated with said minor’s participation in this Activity, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability, death or economic loss. These injuries or outcomes may arise from my own or other’s actions, inactions, or negligence, or the condition of the Activities location (s) or facility (ies). Nonetheless, I assume all risks of my participation in the Activities, whether known or unknown to me, including travel to and from the Activities (including air travel) or any events incidental to this Activity.

INITIAL: \_\_\_\_\_ I permit this minor to participate in the Rotary International District 5650 RYLA and to engage in all Activities related to the weekend program. I hereby assume the risk associated with participation and agree to hold Rotary International, Rotary District 5650, its committees, employees, agents, representatives, and volunteers harmless from any and all liabilities, actions, causes of action, claims or demand of any kind and 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 and the assumption of the risk for said minor, his or her heirs, estate, executor, administrator, and assignees as well as members of my family. I agree to hold the District harmless from any and all claims, loss or damage to personal property, liabilities and costs, including attorney's fees, as a result of the minor's participation in this Activity, including travel to and from the Activity (including air travel) or any events incidental to this Activity. If Rotary incurs any of these types of expenses, I agree to reimburse Rotary.

INITIAL: \_\_\_\_\_ I also take full responsibility for any personal belongings, possessions, or valuables that the above named participant takes to this camp and give permission for Rotary and RYLA to use without limitation, the photographs, video film footage, or audio recordings of the student, which may include image or voice, for purposes of promoting or interpreting Rotary programs, including posting to the internet.

INITIAL: \_\_\_\_\_ I further consent to permit authorized Rotarians to contact said minor after RYLA with respect to other Rotary Programs and activities.

INITIAL: \_\_\_\_\_ I understand that adult supervision will be provided during RYLA. If my student develops illness or injury, medical and/or hospital care will be provided and I will be notified as soon as possible. I will not hold liable Rotary International, Rotary District 5650 or RYLA volunteers, Camp Kitaki or its employees for any injury or damage, mental, emotional, or physical received by my student as a result of participation in the RYLA Camp.

I understand and accept the above statement and further authorize each of the following:

- 1) The student participant has my permission to engage in all program activities.
- 2) I grant permission to the attending physician and/or the attendant health service staff to employ such diagnostic procedures and medical treatment as deemed necessary.
- 3) I authorize medical care units to release medical record information to the health insurance carrier for the RYLA events to process claims.

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

We, the UNDERSIGNED, HAVE FULLY READ, UNDERSTAND, AGREE TO, AND VOLUNTARILY SIGN THIS AGREEMENT, and agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

\_\_\_\_\_  
Parent/Guardian's (1) Signature Date -1

\_\_\_\_\_  
Parent/Guardian's (2) Signature Date -2

**SEND APPLICATIONS TO:**

Lori Benton, District 5650 RYLA 2020, 11115 Hilltop Avenue, Omaha, NE 68164 or email to [Lorijobenton@gmail.com](mailto:Lorijobenton@gmail.com). With questions, call Lori at 404-694-0846

## **STUDENT STATEMENT OF UNDERSTANDING AND WAIVER**

If I am accepted to attend Rotary Youth Leadership Awards Camp, I fully understand that participation is a privilege, and fully agree to abide by all regulations established by the officials of RYLA, and of Rotary District 5650, and Camp Kitaki.

I will strive to be a worthy representative of my school, my parents, Rotary, and community by contributing my best efforts towards the success of the camp.

I understand that the camp is a tobacco and alcohol-free site, and agree to abide by this policy. I am covered by appropriate medical insurance unless otherwise indicated.

I understand that I am required to attend ALL camp days, meals, classes, and activities. This is a closed camp, and no visitors, or friends will be allowed while camp is in session. I understand that I will not be permitted to leave the campground during camp.

I understand that I am in charge not only of my behavior, but also my belongings. I understand I am responsible for my personal possessions at all times.

I am aware in signing this statement for participation in the programs at Camp Kitaki, that certain activities are physically demanding. If for any reason I question my ability to participate in the activity, I will consult with the instructors prior to participation.

While it is impossible to foresee all possible dangers, some of the specific hazards which you might encounter while using the High Ropes Course and Initiatives Course include: Slipping or falling on the trail, bumps, bruises, cuts, insect bites, poison ivy, sprains, fractures or other injuries. Please note that these activities are conducted outside in all kinds of weather so proper dress (rain gear, warm clothing, non-slip shoes) will make you more comfortable.

Therefore, I recognize that there is a significant element of risk in any adventure, sport, or activity associated with the District 5650 Rotary Youth Leadership Awards Camp. Knowing the inherent risks, dangers, and rigors involved in the activities, I certify that I am fully capable of participating in the activities. I assume full responsibility for bodily injury, death, loss of personal property and expense thereof, as a result of my participation in RYLA and Camp Kitaki outdoors activities.

I understand the commitment that goes along with selection to participate in the RYLA Leadership camp. I will attend the entire RYLA conference unless granted an exception. I have read, understand, and accept the above statements.

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Student Applicant's Signature

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Date-3

## STUDENT APPLICATION QUESTIONS

To help the RYLA committee make their selection for interviews please answer the following questions on a separate sheet of paper

22. Q-Name:
23. Q-School:
24. Q-City:
25. Q-State:
26. How did you learn about RYLA?:
27. Does your school have an Interact club? If so, are you a member?:
28. School Clubs:
29. Memberships:
30. Offices Held:
31. Favorite School Subjects:
32. Athletic and Special School Event Participation:
33. Awards Received:
34. Career Ambitions:
35. Are you currently employed: If so, what is your job?:
36. Describe a few of your leadership experiences:
37. Describe how you participate in a group:
38. What current events concern you the most?
39. One of the most widely printed and quoted statements of business ethics in the world is the Rotary "4-Way Test." It was created by Rotarian Herbert J. Taylor in 1932 when he was asked to take charge of a company facing bankruptcy. He looked for a way to save the struggling company



mired in depression-caused financial difficulties. He drew up a 24-word code of ethics for all employees to follow in the business and personal lives. The 4-Way-Test became the guide for sales, production, advertising, and all relations with dealers and customers, and the survival of the company was credited to this simple philosophy.

**OF ALL THE THINGS WE THINK, SAY, OR DO:**

**#1 - Is it the TRUTH?**

**#2 - Is it FAIR to all concerned?**

**#3 - Will it build GOODWILL and BETTER FRIENDSHIPS? #4 -  
Will it be BENEFICIAL to all concerned?**

What do you use to guide your moral compass? How do make good decisions?:

40. How do you provide community service?:

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NE 68164 or email to Lorijobenton@gmail.com. With questions, call Lori at 404-694-0846**

## Complete by Sponsor

This applicant is nominated to attend District 5650 RYLA

42. Student's Full Name:
43. School(2):
44. Nominator's Name:
45. Nominator's Title and Organization:
46. N-Phone:
47. N-Email:
48. Nominator's Signature and Date:
49. Sponsoring Rotary Club (if applicable):
50. Club President's Name:
51. P-Phone:
52. P-Email:
53. Club President's Signature and Date

The above student is in their sophomore or junior year in high school, unless granted an exception, and demonstrates the ability to think critically and shows evidence of awareness of community, state, national, and world issues.

***Upon club sponsored student selection, your club will be mailed an invoice for payment***

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