



**ROTARY YOUTH LEADERSHIP AWARD  
SPRING 2016 APPLICATION  
ROTARY DISTRICT 5650**

Must be a high school Junior

**Date:** April 15-17, 2016 Camp Kitaki

4917 East Park Highway

Louisville, Nebraska 68037-3113

<http://www.ymcalincoln.org/kitaki/>

**Applicant must be in their Junior Year in High School to attend RYLA**

Send completed application to your local Rotary Club RYLA Chairperson by Feb. 26, 2016

Applications are due to the district by March 18, 2016

For more information visit our web site at: [www.rotary5650.org](http://www.rotary5650.org)

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 junior year in High School unless granted an exception. The applicant demonstrates leadership qualities, academic, artistic, musical, kinesthetic or athletic talent. 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.

## CODE OF CONDUCT

### Rotary District 5650 RYLA

The RYLA Conference Committee wishes to provide a safe and secure setting for all those who participate in this conference. To do this, your cooperation to the following rules and conditions will be expected and greatly appreciated.

The following Code of Conduct rules and conditions will apply to all Rotary Youth Leadership award delegates and visitors throughout the District 6150 RYLA Conference to be held April 15-17<sup>th</sup>, 2016 at Camp Kitaki, near Louisville, NE.

- Obey the laws. If found guilty of any law infraction, US Federal, NE State or local municipality, the student can expect no assistance from his/her Rotary sponsors. The student will be returned to his/her parents/guardians as soon as he/she is released by authorities.
- Stealing is prohibited, without exception.
- The student must be covered by a personal or parent/guardian health insurance policy.
- The student must abide by the rules of Catron Retreat and Camp Center while on campus.
- This will be a smoke-free seminar including after scheduled activities and at all times while on campus.
- Visits by parents/guardians, siblings and/or friends while attending the seminar will not be allowed. .
- Possessing or use of alcoholic beverages, illegal drugs or any tobacco is prohibited
- Room assignments are made by staff in an effort to maximize your opportunity to make new friends.
- Changing of room assignments is not permitted without prior approval by the staff.
- Personal televisions, video games, firearms or knives are not permitted.
- Appropriate clothing (what is okay to wear to school) and nametags are to be worn at all times.
- All conference participants must be in their dormitory rooms for room check every night. After room check, conference participants are not to leave their rooms unless it is an emergency situation until 6:00 AM the following morning.
- Participants of the opposite sex are not allowed in dormitory rooms at any time.
- The speakers have made many sacrifices to be here and they deserve our utmost respect. Therefore, participants who miss a speaker or event, or are tardy 3 times, without excuses by a counselor, will have their parents contacted immediately and may be sent home.
- The speaker must have the conference participants' undivided attention while presenting. Therefore, no talking or joking around unless the speaker asks for interaction from the conference participants.
- All conference participants must respect personal and public property. Repair costs for damage incurred to property will be billed appropriately.
- No cursing, crude or violent behavior will be permitted.
- Conferees are not to have an automobile available to them at any time during RYLA.
- Cellular phones are permitted outside of scheduled activity times, but must be turned off during the meetings.

**CODE OF CONDUCT**  
Rotary District 6150 RYLA

The physical, sexual or emotional abuse or harassment of any student will not be tolerated. All allegations of abuse or harassment will be taken seriously. The safety and well-being of students will always be the first priority.

**Definitions:**

**Sexual abuse:** Sexual abuse refers to engaging in implicit or explicit sexual acts with a student or forcing or encouraging a student to engage in implicit or explicit sexual acts alone or with another person of any age, of the same sex or opposite sex. Additional examples of sexual abuse could include, but are not limited to: non-touching offenses, indecent exposure, exposing a child to sexual or pornographic material.

**Sexual harassment:** Sexual harassment refers to sexual advances, requests for sexual favors or verbal or physical conduct of a sexual nature. In some cases, sexual harassment precedes sexual abuse, and is a technique used by sexual predators to desensitize or groom their victims. Examples of sexual harassment could include, but are not limited to: sexual advances, sexual epithets, jokes, written or oral references to sexual conduct, gossip regarding one's sex life, and comment about an individual's sexual activity, deficiencies or prowess; verbal abuse of a sexual nature; displaying sexually suggestive objects, pictures or drawings; any sexual leering or whistling, any inappropriate physical contact such as bruising or touching, obscene language or gestures and suggestive or insulting comments.

If any of the violations above are committed, after evaluation of the violation, the camper's parents will be notified, explained about the violation committed and will be asked to pick up the camper. If sexual abuse or harassment should occur, the staff will follow the Rotary International Youth Protection Guidelines.

**YOU ARE EXPECTED TO ATTEND THE FULL CONFERENCE.** Requests to not take part in any activity or to leave before the end of the conference will only be considered prior to the beginning of the District 5650 RYLA staff on an exceptional basis. If it becomes necessary, your family will be responsible for arranging transportation from the conference with the District 5650 RYLA staff.

I have read and agree to conform to the above code of conduct, conditions and expectations. Should my conduct be considered unacceptable at any time in the opinion of the District 5650 RYLA staff, I understand that I can be dismissed from the conference and my parent/guardian will be notified to pick me up.

Signed (participant) \_\_\_\_\_ Date \_\_\_\_\_

Signed (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

**Rotary District 5650 Release and Waiver of Liability  
(ALL PARTICIPANTS MUST SIGN A FORM TO PARTICIPATE)**

Name \_\_\_\_\_ Age \_\_\_\_\_ Work Phone \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

In case of Emergency contact: \_\_\_\_\_

Relationship \_\_\_\_\_ Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

**STATEMENT OF UNDERSTANDING/MEDICAL INFORMATION**

I am aware in signing this statement for participation in the programs at Camp Kitaki that certain activities are physically demanding. Therefore, physical fitness will increase your enjoyment and ability for participation in the activity. If for any reason you question your ability to participate in the activity, please 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 most activities are conducted in the out-of-doors in all kinds of weather so proper dress (rain gear, warm clothing) are essential to avoid exposure to the elements. The instructors of the course will take every reasonable precaution to minimize exposure to known risks, however, as a participant you acknowledge the nature of the activity and the fact that not all of the stresses and hazards connected with the activity can be foreseen. You have the personal responsibility to follow the established safety rules and procedures to the extent that you participate in such activities. If at any time you have questions about the activity, you have the responsibility to consult with your instructor. Sponsoring agencies have the responsibility of providing a progression of appropriate activities which lead to the experiences at the Challenge Program at Camp Kitaki.

I recognize that there is a significant element of risk in any adventure, sport or activity associated with the outdoors. Knowing the inherent risks, dangers and rigors involved in the activities, I certify that my family and I, including any minor children, are fully capable of participating in the activities.

I assume full responsibility for my minor children, for bodily injury, death, loss of personal property and expense thereof, as a result of my family member(s) participating in the Kitaki Challenge Course Program.

**EMERGENCY MEDICAL INFORMATION**

**Please Check Yes or No**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Allergies to foods, drugs, insect bites, dust. Please identify them and your reaction.
<input type="checkbox"/>	<input type="checkbox"/>	Physical disabilities or conditions which might limit your participation. Please identify them.
<input type="checkbox"/>	<input type="checkbox"/>	If you are presently taking medication, please identify the medication.

**MEDICAL AUTHORIZATION**

**Parent or legal guardian must sign for all persons under 18 years of age.**

I understand that adult supervision will be provided. If an illness or injury develops, medical and/or hospital care will be provided and I will be notified as soon as possible. I will not hold liable Rotary District 5650, RYLA camps and staff and volunteers, Camp Kitaki employees or volunteers for any injury or damage received by my child as a result of participation in the RYLA Camp/Seminar.

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

- A. The health history on the front is correct and the participant has my permission to engage in all program activities.
- B. 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.
- C. I authorize medical care units to release medical record information to the health insurance carrier for the RYLA events to process claims.
- D. I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians and/or health care units.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If 18 or under, parent or Guardian must sign.)

**Rotary International District 5650**  
**PROGRAM PARTICIPANT**  
**PHOTO/VIDEO/AUDIO RECORDING RELEASE**

I am 19 years of age or older and, if not, my Mother/Father/Legal Guardian has signed below.

For my participation in activities to be conducted by Rotary District 5650 I hereby give my permission and consent, now and for all time, to Rotary District 5650 to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at programs or activities sponsored by Rotary District 5650 for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my participation in programs or activities sponsored by Rotary District 5650 according to this Release, shall belong to Rotary District 5650. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my participation in activities, programs or activities of Rotary District 5650;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my participation in programs or activities sponsored by Rotary District 5650 will not be subject to any obligation of confidentiality and may be shared with and used by Rotary District 5650;
- Rotary District 5650 shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my participation in programs or activities sponsored by Rotary District 5650; and
- Rotary District 5650 shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my participation in programs or activities of Rotary District 5650 for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge Rotary District 5650 from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my participation in programs or activities of Lincoln, Nebraska as described herein.

Print Your Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent name printed (if student under age 19) \_\_\_\_\_

Parent/Guardian signature (if student under age 19) \_\_\_\_\_

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