



**RYLA 2024 Camper Application  
Rotary District 5520**

**RYLA Boys Camp - Sunday, July 14th - Saturday, July 20th**  
**RYLA Girls Camp - Saturday, July 20th - Friday, July 26th**  
*10:00-11:00 am arrival & departure for both camps*

Attach a current photo of the RYLA camper here.

**Please print clearly and complete all information on the form or it will not be accepted.**

**Applicant must have completed their Junior Year of High School prior to attending camp.**

- Send completed form to your local Rotary Club RYLA Chairperson
- For more information, visit our web site at: [www.rotary5520.org](http://www.rotary5520.org) > Youth Programs tab > RYLA or at <https://rotary5520.org/page/rotary-youth-leadership-award>

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Full Name (First & Last) Nickname(for Camp Badge) Age Date of Birth

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School Student Email Address **Shirt Size**

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Mailing Address City State Zip Code

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Home Phone # Student Cell Phone #

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Mother's Name Mother's Home Phone #

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Mother's Cell Phone # Mother's Email Address

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Father's Name Father's Home Phone #

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Father's Cell Phone # Father's Email Address

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**This section below must be completed by the sponsoring Rotary Club**

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Rotary Club Sponsoring the Student Rotary Club Contact Person Telephone

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Email Address

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\* These are our RYLA Objectives:

- To be an active participant in a team setting.
- To understand what it means to be a person of integrity and responsibility.
- To be motivated to take action.
- To be willing to push the limits of my "comfort" zone.
- To have confidence in myself and others.
- To show empathy and demonstrate respect towards others.
- To gain a realistic appreciation of my own strengths and weaknesses.
- To learn about Rotary.

**Below, describe how the RYLA objectives relate to who you are and who you want to become.**

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## **Scholastic, Sports, Extracurricular Achievements**

**List your principal achievements and academic accomplishments (i.e. Honor Roll, Awards, Special Classes)**

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**Other school activities and recognitions (list positions held and responsibilities)**

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**High School Sports Participation (list years, levels of competition, and any honors)**

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**Outside School Interests (i.e. hobbies, recreation)**

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**Work Experience**

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**College or University you hope to attend:**

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ROTARY YOUTH LEADERSHIP AWARD

**APPLICANT AGREEMENT**

I understand that my local Rotary Club has paid money on my behalf to attend RYLA. **If selected, it is my intention to attend. I pledge not to enter into any other commitments this summer that will conflict with the dates.** If an emergency arises that will affect my ability to attend RYLA, I agree to contact the Rotary Club immediately. I/We also understand that all rules and regulations for RYLA will be enforced, and any violation by my child will result in a call to me with a possible request to come pick up my child. Cell phone usage during RYLA camp will be extremely limited as complete concentration of all participants is required for learning, following important instructions, and safety of all participants in general.

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Name of Applicant (PRINT)

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Applicant's Signature

Date

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Parent's Name (PRINT)

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Parent's Signature

Date

# RYLA Liability Release

(To be signed by both parent/guardian and camper applicant. Application cannot be accepted without this release.)

## General Release:

In consideration of being permitted to participate in RYLA and all associated activities.

I/We have read the *RYLA Activities* statement set forth below. Along with the seminars, there are many physical activities at RYLA designed to strengthen teamwork, encourage the competitive spirit, build self-confidence, and have fun. There is both a “low ropes” and a “high ropes” course. I/We understand that the camper will be expected to participate in all activities in a mature fashion. I/We understand that these activities are part of what has made the RYLA program so successful in the growth of young people and that my student has my approval to participate in all of the activities.

Applicant, for himself or herself, his or her spouse, parents, legal representatives, heirs, and assigns, hereby releases, waives, and discharges RYLA, Rotary, its officers and members, all promoters, sponsors, advertisers, owner, and lessees on the premises upon which RYLA is conducted, and each of them, their officers and employees (referred to hereafter as “**Releasees**”) from all liability to Applicant, Applicant’s spouse, parents, legal representatives, heirs, and assigns, for any and all loss or damage, and any claim or damages resulting therefore on account of injury to Applicant’s person or property, even injury resulting in the death of Applicant, whether caused by the negligence of **Releasees** or otherwise while applicant is participating in RYLA activities.

Applicant agrees to indemnify **Releasees** from any loss, liability, damage, or cost they may incur due to the presence of Applicant in or upon RYLA premises or activities, whether caused by the negligence of **Releasees** or otherwise.

Applicant hereby assumes full responsibility for the risk of bodily injury, death, or property damage due to the negligence of **Releasees** or otherwise, while in or upon RYLA premises or activities, and while competing, officiating in, working, or for any purpose participating in RYLA activities. Applicant assumes full responsibility for the risk and/or injury in participation of Low/ High Ropes and all other RYLA activities on the Manzano Mountain Retreat.

Applicant expressly agrees that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of New Mexico, and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in legal force and effect.

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**Signatures below must be made in the presence of a  
Notary (your bank can probably notarize at no charge).**

**Please make sure the form is both *SIGNED* and *STAMPED* by the Notary.**

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IN WITNESS WHEREOF, Applicant and Applicant’s parents or guardians have executed this release at:

\_\_\_\_\_ In the State of \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

Student \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

# ROTARY YOUTH LEADERSHIP AWARD WAIVER AND MEDICAL AUTHORIZATION

I/We \_\_\_\_\_ and \_\_\_\_\_

Being the parent(s) or guardian(s) of \_\_\_\_\_ Date of Birth \_\_\_\_\_

Do agree that (name of minor) \_\_\_\_\_

May participate in the Rotary Youth Leadership Award sponsored by Rotary International District 5520, and in consideration of participation in this event and on behalf of the above named student:

I/WE AUTHORIZE THE RYLA DIRECTOR, THE RYLA MEDICAL TEAM, OR ANY OTHER ADULT STAFF MEMBER TO GIVE ALL NECESSARY CONSENT FOR ANY NECESSARY MEDICAL TREATMENT, INCLUDING DOCTOR'S CARE OR HOSPITALIZATION OR BOTH TO THE SAME EXTENT AS I/WE COULD IF PERSONALLY PRESENT, THAT MAY BE REQUIRED BY THE ABOVE NAMED STUDENT WHILE IN ATTENDANCE AT RYLA, AND AGREE THAT SAID MEDICAL EXPENSES WILL BE INCURRED IN MY/OUR BEHALF AND I/WE AGREE TO PAY THE SAME.

I/We also acknowledge that I/We have notified the RYLA Personnel of any special medical needs or information required by the above named child. I/We further state that we know of no medical or physical conditions which would prevent the above named student from fully participating in the RYLA activities.

I/We also understand that all rules and regulations for RYLA will be enforced, and any violation by my child will result in a call to me with a possible request to come to pick up my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Name of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

Family Physician \_\_\_\_\_ Telephone # \_\_\_\_\_

**Emergency person (other than parent) to call in the event the parent/guardian cannot be reached:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

**ROTARY YOUTH LEADERSHIP AWARD**

**HEALTH CERTIFICATION**

**PARENTS' EVALUATION**

Camper: \_\_\_\_\_

Address: \_\_\_\_\_

The activities in which your son or daughter will participate while at RYLA are generally comparable to those experienced in high school, including physical education activities. Some activities may be very strenuous. The RYLA Director **MUST** know of any physical limitations, medications, or recent medical treatments and/or surgeries that may affect your son's or daughter's welfare. While this will not limit their participation, special precautions can be taken to ensure their safety.

Please check all items listed below if the word YES applies.

- Dizziness or fainting spells
- Unconsciousness for any reason
- Eye Trouble (not correctable with glasses)
- Wears Contact Lenses
- Heart Trouble
- High or Low Blood Pressure
- Chronic or Recent Ear Trouble
- Significant abdominal trouble, including hernia, unless corrected
- Epilepsy
- Head Injury
- Asthma or any breathing disorder
- Injuries, requiring hospitalization, or surgery within the last five years
- Diabetes or Hypoglycemia
- Frequent or severe headaches/migraines
- Vegetarian
- Please note any other condition(s) that you feel may impact your ability to take part in certain camp activities. All activities are "challenge by choice". \_\_\_\_\_

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*\* Allergies (Is your son or daughter allergic to or do they have adverse reaction to any of the following?)*

\_\_\_\_ Medication: \_\_\_\_\_

\_\_\_\_ Food: (i.e. – Lactose Intolerant, Peanut or Nut Allergies, Wheat Intolerant, etc.) \_\_\_\_\_

\_\_\_\_ Plants: \_\_\_\_\_

\_\_\_\_ Insect Bites/Stings: \_\_\_\_\_

**List all medications currently used, including any over-the-counter medications:**

<u>Medication</u>	<u>Dose</u>	<u>Frequency</u>	<u>Reason</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Bring enough medications in sufficient quantities and in the original containers. Make sure that they are not expired, including inhalers and EpiPens. Your son or daughter **SHOULD NOT STOP** taking any maintenance medication unless instructed to do so by your doctor.

**Important: Attach a copy of the RYLA camper's immunization record (typically these are available from the school).**

*Please list any additional information about your son's or daughter's medical history:*

**Special Note about the Challenge Courses at RYLA Camp:**

Participants in all challenge courses (i.e. low ropes, high ropes, climbing wall, etc.) will be instructed to remove all potentially dangerous objects, including items in their pockets and jewelry, including any piercings. Participants are encouraged not to bring valuables to camp. When using the high ropes elements, all participants and facilitators will be required to wear all safety equipment provided by the camp, including helmets and harnesses before participating in challenge course high ropes and other elements.

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I hereby certify that to the best of my knowledge and belief, the health of the applicant is as shown above.

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

(Signature) \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*You MUST attach a copy of the RYLA camper's immunization record. Applications WILL NOT be accepted without a copy of the immunization record.\*\*\***



**ROTARY DISTRICT 5520 PHOTO RELEASE FORM**

I hereby authorize the Rotary District 5520 RYLA and its representatives (collectively "Rotary") to capture my image in a photograph, video, or other digital media (collectively "photo") and to use my photo(s) for educational and promotional purposes in any of its presentations and publications, including print, web-based, and electronic presentations, and publications.

I understand and agree that my photo(s) will become the property of Rotary and will not be given or returned to me.

I hereby irrevocably authorize Rotary to edit, alter, copy, exhibit, publish, and/or distribute my photo(s) for any lawful purpose. In addition, I waive any right to inspect or approve any finished product that contains my photo(s). Additionally, I waive any right to payment, royalties, or other compensation of any kind arising from or related to the use of my photo(s).

I hereby hold harmless, release, and forever discharge Rotary from all claims, demands, and causes of action which I, my heirs, representatives, assigns, agents, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of the use of my photo(s) or of this photo authorization, waiver, and release.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO AUTHORIZATION, WAIVER, AND RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENT(S)/GUARDIAN(S) AS EVIDENCED BY THEIR SIGNATURES BELOW. I HEREBY ACCEPT THE TERMS OF THIS PHOTO AUTHORIZATION, WAIVER, AND RELEASE.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

IF UNDER 18, THE PARENT(S) OR LEGAL GUARDIAN(S) MUST SIGN. I/WE HEREBY GRANT ROTARY DISTRICT 5520 AND ITS REPRESENTATIVES' PERMISSION TO USE THE PHOTO(S) OF THE ABOVE-NAMED MINOR, AND WE APPROVE AND ACCEPT THE TERMS OF THIS PHOTO AUTHORIZATION, WAIVER, AND RELEASE.

\_\_\_\_\_  
Signature Individually and as Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name and capacity

## Manzano Mountain Retreat Health Statement – Revised 1/10/24 ks

The proposed activity provided by Manzano Mountain Retreat requires participation in physical exercises which are, by their nature, physically demanding. Many of the activities will challenge you, and cause surges in blood pressure and pulse rates. It is imperative that you are free of any heart related or other diseases for high ropes activities. Therefore, all participants must be free of medical or physical conditions which might create undue risks to themselves or any others who depend on them. Good physical condition will increase your enjoyment of the outdoor activities. If there is any doubt about your ability to safely participate in this experience, you should have a physical examination. **(NOTE: If you have had any heart related problems you will need to have a release from a physician in order to go through a high elements training.)**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Address \_\_\_\_\_ Gender \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Age \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Name of Physician \_\_\_\_\_ Date of last exam \_\_\_\_\_  
 In an emergency notify \_\_\_\_\_  
 Home Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

**Health History:** (Circle the appropriate answer and describe any YES answers.)

Have you had or do you currently have any heart problems (dates): **(If yes, doctor’s note required)**

_____	YES	NO
Do you frequently suffer from pains in your chest: _____	YES	NO
Do you often feel faint or have spells of severe dizziness: _____	YES	NO
Has a doctor ever told you that you have high blood pressure: _____	YES	NO
Are you a smoker: _____	YES	NO
Do you have arthritis joint or back problems that might be aggravated by exercise: _____	YES	NO

Have you had any operations or serious injuries (dates): \_\_\_\_\_ YES NO

Do you have any disabilities or chronic recurring illness: \_\_\_\_\_ YES NO

Are there any activities to be limited/discouraged by physicians advice: \_\_\_\_\_ YES NO

Are you allergic to any medicines, insects or pollen: \_\_\_\_\_ YES NO

Do you have Epilepsy: \_\_\_\_\_ YES NO

Do you have Diabetes: \_\_\_\_\_ YES NO

Do you have any prescribed meal plans or dietary restrictions: \_\_\_\_\_ YES NO

Are you currently sick and/or using a medication that is not listed above: \_\_\_\_\_ YES NO

Do you carry family medical/hospital insurance: \_\_\_\_\_ YES NO

Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Suggestions or health related information for MMR personnel: \_\_\_\_\_

General Health Statement: \_\_\_\_\_

**REPRESENTATION AND EMERGENCY AUTHORIZATION**

This health history is correct so far as I know, and I believe that my health is satisfactory to participate in challenge course activities.

I hereby give permission to the medical personnel selected by Manzano Mountain Retreat to order injection and/or anesthesia and/or surgery for me. Such authorization for emergency treatment shall also include, but not be limited to, charges incurred for the providing of aid and arranging evacuation if Manzano Mountain Retreat or its agents, determine that such evacuation is necessary or desirable. I further agree to assume responsibility for the costs of any specialized means of evacuation of any medical care and acknowledge that these costs are the financial responsibility of the undersigned. I also understand and agree to abide by any restrictions placed on my activities.

Participant name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of guardian (only if participant under 18): \_\_\_\_\_ Date: \_\_\_\_\_ c

**MANZANO MOUNTAIN RETREAT, LLC**  
**AGREEMENT TO PARTICIPATE IN CHALLENGE COURSE**  
**ASSUMPTION OF RISK AND RELEASE OF LIABILITY**  
**PLEASE READ BEFORE SIGNING**

WHEREAS, THE UNDERSIGNED (“the APPLICANT”) wishes to participate in a Challenge Course at Manzano Mountain Retreat, located at Torreon, New Mexico.

The undersigned acknowledge(s) that during the use of the course that Applicant has requested to participate in, that certain risks and dangers may occur. These include, but are not limited to the hazards of mountainous terrain, depending on other people and being at various heights (ground to 40’), accident or illness in remote places without onsite medical facilities and the forces of nature. The undersigned further recognizes that these risks may also include loss or damage to personal property, physical or psychological damage and/or injury not excluding fatality due to accidents which may occur, including accidents resulting from this challenge course experience or other type of outdoor activities. I further understand that in participating in the activities I am requesting to participate in, I will be exposed to the effects of high altitude and the elements of nature and possible inclement weather. I further understand that medical treatment may be hours away in the event of a medical emergency.

I certify that I am completely healthy (both physically and emotionally) and capable of participating in the challenge course. I have listed on the Health Statement Form any medical condition that MANZANO MOUNTAIN RETREAT should be aware of which may hinder my participation in the challenge course. **However, I understand that it is solely my responsibility to determine whether there is any medical reason that I should not participate in the workshop.**

In consideration of, and for the right to participate in such a program by MANZANO MOUNTAIN RETREAT, its Owners, Employees, Agents, and/or Associates I have and do hereby assume all the above risks and any other ordinary risk incidental to the nature of the event which are not specifically foreseeable, and will hold them harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss or otherwise, which I now have or which may arise from or in connection with my program or participation in any other activities arranged for me by MANZANO MOUNTAIN RETREAT, its Owners, Employees, Agents and/or Associates, and their heirs, executors and administrators, successors and assigns and for all members of my family, including any minors accompanying me. In short, I cannot sue MANZANO MOUNTAIN RETREAT and if I do I cannot collect any money. In addition, I will be liable for Attorney and court fees associated with any litigation against MANZANO MOUNTAIN RETREAT. I also state that I am not under, and will not be under the influence of any chemical substance including alcohol. I fully understand that my physical activity involves risk of injury. I also understand that my participation in this Challenge Course program is entirely VOLUNTARY. I enter into this activity and take full responsibility for my decision to participate or not to participate and agree to follow all safety instruction.

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NAME OF PARTICIPANT (PLEASE PRINT)

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PRINTED NAME AND SIGNATURE OF GUARDIAN IF PARTICIPANT UNDER 18 YRS OF AGE

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DATE:

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