

Participant Last name _____ First Initial _____

CLUB Selection/Camper Application/Release Form/Medical information

Camp RYLA 2023 (June 5-9) Rotary District 5730 at South Plains College

Participant

Name _____ Date of Birth ____/____/____ Age _____ M / F

Email (must be viable during summer) _____ Cell # _____

Home address _____ City _____ State _____ Zip _____

Parent/Guardian/other Contact

Mother/Father/Guardian: _____
(circle one) NAME CELL # E-Mail Address

Mother/Father/Guardian: _____
(circle one) NAME CELL # E-Mail Address

Additional Emergency contact: _____
NAME CELL # E-Mail Address

Relationship to Participant _____

Code of Conduct

The fun and challenge of RYLA has enormous potential to bring out and develop your innate ability to be a great: leader, team member, citizen, entrepreneur, public servant and worker.

I pledge to avoid any activity at RYLA that will distract myself or others from this potential including, but not limited to the following:

1. I will not use a cell phone or any other electronic device during a presentation or group activity unless approved by a counselor or staff. During presentations I will not carry on a conversation with someone or engage in any other activity that will distract myself or others.
2. I will not have or use alcohol or non-medical drugs while at RYLA.
3. I will be on time to presentations and group activities.
4. I will respect others and avoid any name calling, ridicule, bullying or intimidation especially for others with differences in race, religion, looks, athletic ability, political beliefs or sexuality.
5. I will not pursue or participate in any romantic or sexual activity. In building a network of friends brief hugs in the presence of others are acceptable and encouraged, but I will avoid any other display of affection. If a romantic potential surfaces I will not pursue it until RYLA has completed.

I will come with the intention to have fun and learn while following these guidelines.

(RYLA Participant: Please Print) (RYLA Participant: Signature) Date: _____

Parent/Guardian Statement: I understand that should my son or daughter (or ward) become a liability to the RYLA Program, he or she will need to be picked up at RYLA as soon as possible or transported home at my expense. I will be available at the above phone number(s) during the week of RYLA should a problem occur.

(Parent/Guardian of Participant: Please Print) (Signature) Date: _____

Participant Last name _____ First Initial _____

**Participant will need to complete a few items of information at the Rotary Districts Website.
A link will be sent to participants email address.**

Release Forms for Minors

Participant Name _____

In consideration of my child or ward's participation in Camp RYLA at South Plains College, I, do hereby, for my child or ward, my heirs, executors, administrators and assigns, release, hold harmless and forever discharge, Rotary International, Rotary District 5730, volunteers, staff and the South Plains College District of and from any liability and claims, for damages, expenses, personal injury or death, which may arise in the future, related to connected with, or growing out of participation in Camp RYLA, including, but not limited to liability and claims arising from the negligence of the parties hereby released. I understand that Rotary and the College District do not provide any hospitalization or medical insurance to cover my child or ward from hospital or medical expenses incurred related to participation in the program and that I am solely responsible for the payment of any and all hospital and/or medical bills including ambulance services.

I willingly authorize the use of the voice and/or image of that of my child or ward to be recorded with digital photography or on film, video, or audio tape for legitimate advertising, marketing, and public relations purposes for promoting RYLA at South Plains College. I, or my child or ward, shall receive no compensation for participation in these activities. I hereby release Rotary District 5730, South Plains College and their employees or agents from all liability whatsoever which may or might result from my child or ward's participation in these activities. Having noted the terms so stated, I, being of legal age and acting as legal guardian, do hereby agree to allow South Plains College and Rotary District 5730 to use, publish, or copyright these audio and visual recordings, in which my child or ward participated in perpetuity.

My child or ward's email address **MAY / MAY NOT** (*circle one*) be shared with other participants after RYLA concludes.

_____/_____
Father/Guardian Signature / Date

_____/_____
Mother/Guardian Signature / Date

Club use only

Name of sponsoring club _____

Club Contact: _____
Name Phone Email

Participant Last name _____ First Initial _____

Medical Information

Family Physician Name _____ Phone # _____

RYLA Director or Nurse may administer the following to my child/ward (check if applicable): _____ Pepto Bismol

_____ Cough Drops _____ Cough Syrup _____ Acetaminophen (Tylenol) _____ Ibuprofen (Motrin) _____ Aspirin (Bayer)

Date of last Tetanus Shot _____.

Attach a photocopy of the Front and Back of Insurance Card.

If medications or supplements will be needed during RYLA fill out "MEDICATION INFORMATION" page.

Please list any activity restrictions, chronic or recurring illnesses or medical conditions (stomach upsets, rash, frequent cold, etc...), current physical, mental or psychological considerations and **list any allergies** (include food allergies).

_____/_____
Father/Guardian Signature / Date

_____/_____
Mother/Guardian Signature / Date

Participant Last name _____ First Initial _____

*****DO NOT SEND THIS PAGE IN WITH APPLICATION *****

*****ONLY FILL OUT THIS FORM IF SENDING MEDICATION OR SUPPLEMENTS WITH PARTICIPANT*****

PLACE THIS FORM AND MEDICATIONS IN (1) ONE-GALLON ZIP LOCK PLASTIC BAG TO SEND WITH PARTICIPANT

- ✓ Please PRINT information.
- ✓ Send medication **in the prescription container.** Medications cannot be accepted loose or in an unmarked container.
- ✓ (1) bag may contain all medications.
- ✓ Certain items such as Inhalers or critical EpiPens may be kept by the participant upon the staff's approval at check-in. Non-prescription medications, vitamins and scheduled allergy med's should also be submitted.
- ✓ Please indicate if any medication requires refrigeration.

Participant: _____

Parent: _____ Parent Phone: _____

Medication _____ Dosage: _____

Frequency: MORNING /BREAKFAST / LUNCH / DINNER / BEDTIME Other: _____

Medication _____ Dosage: _____

Frequency: MORNING /BREAKFAST / LUNCH / DINNER / BEDTIME Other: _____

Medication _____ Dosage: _____

Frequency: MORNING /BREAKFAST / LUNCH / DINNER / BEDTIME Other: _____

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