

Camp RYLA 2022 (June 11-15) at South Plains College

CLUB NAME: _____

CLUB RYLA CONTACT: _____ CELL: _____

EMAIL: _____ OTHER PHONE: _____

APPLICANT NAME: _____ AGE: _____ BIRTHDATE _____ GRADE: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____ Gender: _____ T-Shirt Size _____

STUDENT EMAIL _____ FACEBOOK (y/n) _____

School Activities _____

Hobbies/Other Interests: _____

Code of Conduct

The fun and challenge of RYLA have great 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 or even 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.

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

Parent's Statement: I understand that should my son or daughter become a liability to the RYLA Program, he or she will need to be picked up at camp as soon as possible or transported home at my expense. I will be available at the following phone numbers during the week of camp should a problem occur. I give my permission to have photos/videos of my child used for Facebook or any news coverage RYLA receives.

Name of Parent/Guardian(s):

(1) _____ Date: _____
 (Parent of Participant: Please Print) (Parent Signature)
 Contact number(s): (C) _____ Email: _____

(2) _____ Date: _____
 (Parent of Participant: Please Print) (Parent Signature)
 Contact number(s): (C) _____ Email: _____

Most of the communication after a student is approved to attend RYLA is through email. We must have accurate accounts for during school and after school term is over.