RYLA CAMP ROTARY JUNE 11-15, 2017

PLEASE READ THROUGH THE ENTIRE PACKET AS IT WILL ANSWER MANY QUESTIONS. PLEASE REVIEW THEM TO MAKE SURE THEY ARE COMPLETE BEFORE RETURNING THEM TO YOUR ROTARY CONTACT.

PLEASE RETURN THESE (5) FORMS PER STUDENT:

1. FULLY COMPLETED REGISTRATION FORM
2. PHYSICAL FORM IN THIS PACKET COMPLETED BY THEIR DOCTOR OR A COPY OF THEIR ATHLETIC PHYSICAL FROM THEIR FILE AT SCHOOL (a copy is required for camp even if there is a copy on file at school)
3. FULLY COMPLETED HEALTH AND MEDICAL RECORD
4. CAMPGROUND RULES SIGNED BY PARENT AND STUDENT
5. COPE FORM—THE STUDENT WILL NOT BE PERMITTED TO PARTICIPATE IN COPES ACTIVITIES WITHOUT THIS

THE STUDENT SHOULD KEEP THE “WHAT TO BRING” AND DIRECTIONS FOR REFERENCE.

Questions about registration can be directed to Krystal at kmc.central@gmail.com or (989)621-2826.
REGISTRATION FORM

ROTARY YOUTH LEADERSHIP CAMP DISTRICT 6310

Important: ALL information blanks should be PRINTED completely. Student should provide their local Rotary Club with this form, their Health and Medical Form and their Physical form.

Student’s Name ___________________________________________ Sex M / F

Home Address ____________________________________________

Cell Phone ( ) ___________ Age _____ Birthday _____ / _____ / _____

e-mail________________________________________________________

Name of High School__________________________________________

Grade _____ GPA _____ Class Ranking _____ Post High School Plans

Parent’s Name _______________________________________________

___________ Last ___________ First

Student’s Signature _________________________________________ Parent’s Signature

Sponsored by Rotary Club of __________________ T-Shirt Size __________________

Signature of Club Leadership Chairman or President

The Registration Fee of $300.00 is generously provided by your local Rotary Club. Each Student who graduates next year and also completes Leadership Camp is eligible to apply for a scholarship from District 6310 next year.

Activities in High School—List those activities in which you have participated. Note any positions held or honors received. You may use the back of this form if needed.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Which year in H.S?</th>
<th>Positions or Honors</th>
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Rotary

ROTARY YOUTH LEADERSHIP CAMP
PHYSICAL FORM
The following section is to be completed by the examining physician.
(A HIGH SCHOOL PHYSICAL FORM MAY BE SUBSTITUTED FOR THIS FORM)

Student Name ___________________________________________ Age __________

Height __________________ Weight ___________________ Pulse ___________ Blood Pressure __________

Vision: Right: 20/____ Left: 20/____

Physical Exam:

[ ] Eyes ________________ [ ] Heart ________________

[ ] Ears ________________ [ ] Lungs ________________

[ ] Hearing ______________ [ ] Abdomen ______________

[ ] Nose ________________ [ ] Hernia? ______________

[ ] Throat ________________ [ ] Skin ________________

[ ] Teeth ________________ [ ] Speech ______________

Should be restricted from:

_____________________________________________________

He/She is allergic or susceptible to: ________________________________

Other Instructions ____________________________________________

I certify that this person is fit to participate in:

[ ] Camping [ ] Hiking [ ] Swimming [ ] Competitive Sports

Physician’s Signature __________________________ Date __________

Address __________________________ City/State __________ Zip __________

CAMP STAFF USE ONLY:

Reviewed by Adult Leader: __________________________ Date __________

Signature __________________________ Date __________

[ ] OKAY [ ] RECHECK BY PHYSICIAN
ROTARY YOUTH LEADERSHIP CAMP
HEALTH & MEDICAL RECORD

Please fill out completely. Take this form along with the Physical Form to your Physician for the examination. All participants, regardless of age, must have a completed Health and Physical Form in order to attend camp.

Any comparable medical form completed within the past year is also satisfactory.

Student Name __________________________ Age __________________________
Address __________________________ Sponsoring Rotary Club __________________________

In Case of Emergency, notify: [ ] Parent [ ] Guardian [ ] Other
Notifying information below:
Name __________________________ BEST PHONE # __________________________
Address __________________________ Cell Phone __________________________
Other instructions to notify: __________________________

Parent's Health Insurance:
Company __________________________ Policy# __________________________
Address __________________________ City/State __________________________ Zip __________________________

Please check if you have ever had or are subject to:
[ ] Asthma [ ] Bee Sting Reactions [ ] Sleep Walking
[ ] Diabetes [ ] Fainting Spells [ ] Other Chronic
Conditions
[ ] Convulsions [ ] Heart Trouble (explain below)
[ ] Seizures [ ] Eye, Ear, Nose or Throat Problems
[ ] Allergies (All types) [ ] Menstrual Problems

Please describe (may use back of form if needed):
Vegetarian diet required? [ ] Yes [ ] No
Do you have any condition now requiring medication? [ ] Yes [ ] No
If yes, explain ___________________________________________________________________
Do you have any activity restrictions for medical reasons? [ ] Yes [ ] No
If yes, explain ___________________________________________________________________

Date of last inoculation: Tetanus _________ Polio _________ Measles _________

Parent Authorization:
This Health History is correct as far as I know and the person herein described has my permission to engage in all activities, except as noted by the physician and me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injection or surgery for my son or daughter. I also authorize a Camp Rotary approved adult to dispense non-prescription drugs (aspirin, aspirin substitute or antihistamines) to my son or daughter if such dispensation is reasonable at the discretion of such adult.

Signature __________________________ Date __________________________

Parent or Guardian
ROTARY YOUTH LEADERSHIP CAMP GROUND RULES

1. Students are not allowed to drive to and from camp or while attending the camp.

2. No outside guests are permitted during camp.

3. No one is to leave Camp Rotary without permission.

4. Boating, canoeing and swimming are done ONLY at specific hours and ONLY when lifeguards are on duty and NEVER without permission from the waterfront director.

5. Do not jump over gates or fences. Use designated pathways, including to the waterfront.

6. If there is destruction or damage to any building or camp property, the cost of repairs will be collected from the participants.

7. Do not put any articles other than toilet tissue in the toilets. Plumbing labor costs will be charged to the participants.

8. Food: You will have three good meals a day. Eat all you want, but eat what you take. Do not waste food. Observe the rules of the dining hall during meal.

9. Alcoholic beverages and drugs are not allowed at camp. Anyone engaging in this activity will be asked to leave.

10. Smoking is prohibited.

11. Cooperation with counselors and Rotary staff is imperative.

12. Trash barrels are placed in various places around the camp. Please use them and not the ground!!

13. Be on time for meals and speakers. This is a sign of respect and an important thing to learn about leadership.


15. Show respect during the flag ceremony.

16. Be respectful to the speakers—they have willingly come to help you become better leaders!!

Attendance at every session is a must!!

THE CAMP HAS A RULE THAT NO OPEN-TOED SHOES CAN BE WORN, SO PLEASE DON'T WEAR FLIP-FLOPS DURING ACTIVITIES. YOU MUST WEAR A FULL SHOE (LIKE A TENNIS SHOE).

ROTARY DISTRICT 6310 IS NOT RESPONSIBLE FOR ANY PERSONAL BELONGINGS YOU MAY BRING TO CAMP

I have read the Ground Rules for Rotary Youth Leadership Camp and agree to comply with all of them.

Student Name (Print) ___________________________ Student Signature ___________________________

Parent

Signature_________________________ Date_________________________
CHALLENGE COURSE and CLIMBING/RAPPELING
HEALTH HISTORY AND CONSENT FORM
ADULT OR CHILD

You are about to take part in a challenge ("ropes") course experience and or climbing/rappelling ("activity") offered through the Michigan Crossroads Council BSA ("local council") on ___________ June 11-15, 2017 ___________ (date).

While participating in the activity you will undertake a wide variety of physical and mental challenges that are comparable to activities with which you may be more familiar. Much of the time, you will be engaged in activity of "moderate exertion," which is comparable to normal walking, golfing on foot, raking leaves, calisthenics, or slow dancing. For short periods of time, you will be engaged in activity of "vigorous exertion," which is comparable to fast walking, slow jogging, heavy gardening, or shoveling snow.

If any of the above activities are difficult for you, discuss your participation in the activity with your physician. If these are activities in which you regularly engage without difficulty, you should be fit for participation in the program.

Following are specific medical conditions about which participants should always seek the advice of a physician before participating in the activity:

- Pregnancy (climbing harness can injure uterus)
- Kidney or liver transplant (climbing harness can injure transplanted organ)
- Healing fracture or joint injury (should be cleared by treating physician)
- Recent surgery (should be cleared by treating physician)
- Down syndrome (should have x-ray check for neck instability, as per recommendation of the Special Olympics)

If you or your physician has any questions about the physical requirements of the activity, feel free to contact the local council.

HEALTH HISTORY

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<tr>
<th>Name:</th>
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<tr>
<td>Telephone:</td>
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<tr>
<td>Personal physician</td>
<td></td>
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<tr>
<td>In case of emergency, please contact:</td>
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<tr>
<td>Special dietary considerations:</td>
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<tr>
<td>List known allergies:</td>
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<tr>
<td>List required medications:</td>
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<tr>
<td>If you are allergic to insect stings, do you have an insect sting kit (e.g., EpiPen)?</td>
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<tr>
<td>Do you wear contact lenses?</td>
<td>Are you pregnant?</td>
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<tr>
<td>Have you had or do you now have (circle if yes):</td>
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<tr>
<td>Angina</td>
<td>Epilepsy</td>
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<tr>
<td>If you answered &quot;yes&quot; to any of the above, explain and include date:</td>
<td></td>
</tr>
<tr>
<td>Do you have any other medical conditions that we should be aware of?</td>
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HOLD HARMLESS AGREEMENT

I understand that participation in the activity involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived, after carefully considering the risk involved, and in view of the fact that the Boy Scouts of America is an organization in which membership is voluntary, I have carefully considered the risk involved and have given consent for myself (or my son or daughter) to participate in the activity, and waive all claims I or we may have against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity.

I am not under the influence of any chemical substance, including alcohol. Understanding that any physical activity involves a risk of injury, I understand that my participation in the activity is entirely voluntary. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation. This release does not, however, apply to any harm caused by negligence or willful misconduct of the local council or its employees.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Participant’s signature* ______________________ Date _____________

*If the participant is under age 18, his or her parent or guardian must also sign below:

Parent’s or guardian’s signature ______________________ Date _____________
ROTARY YOUTH LEADERSHIP CAMP
WHAT TO BRING TO CAMP

Camp Rotary is located 8 miles north of Clare, MI on old U.S. 27. Your local Rotary Club will provide transportation to and from the camp. You will arrive on Sunday, June 11, 2017 between 1:30 p.m. and 2:30 p.m. You will leave for home on Thursday, June 15, 2017 at 2:00 p.m.

Housing will be in rustic cabins for the boys and a modern dormitory for girls.

**BRING THE FOLLOWING: (PLEASE REMEMBER THIS IS A CAMPGROUND!)**

**Sleeping Bag or Sheets & Blankets, pillow** (cot type bunk beds provided). Please put these things in plastic bags or something waterproof in case it is raining the day you arrive or depart.

Personal hygiene items (soap, toothbrush, deodorant, any personal products, etc.) and towels and washcloths. Facilities have showers and limited electrical capability.

**Bug Spray/Sun Screen**

An outfit for each day—Casual clothing such as jeans, shorts, sport shirts or blouses, appropriate T-shirts, socks, underwear, jacket, modest swimsuit, etc. **All clothing should be modest and appropriate.** No “see through” clothing, severely low necklines or bare-midriffs will be allowed. Please remember that you are representing your Rotary club. The terrain is sandy and hilly so you will want a safe, comfortable walking shoe. Please bring long pants (jeans or sweatpants) to participate in the high coops activity.

You may want to bring one dressier outfit for dance night, but it must be modest and appropriate. Again, please remember that you are representing your Rotary club.

Writing materials (pad of paper and pen)—no laptops.

**Umbrella or raincoat**

**Flashlight/batteries**

**Spending money**—($10-$20 in dollar denominations or coins for pop machine)

Please do NOT bring musical instruments unless you plan to use them in the talent show. There is no place to secure them.

**Water Bottle and snacks**

**OPTIONAL:**

**Cell Phones** to be used on free time only and on a limited basis.

Ipods to be used on free time only

Camera—(you will really want this)

Alarm Clock—battery or windup (no electric)
ROTARY YOUTH LEADERSHIP CAMP
DIRECTIONS TO CAMP ROTARY
EMERGENCY CONTACT INFORMATION

Take 127 North a few miles beyond Clare to the Mannsiding Road exit. (This will be the exit past the U.S.10/M115 exit.) After you exit at Mannsiding Road, turn right and go less than ¼ mile to the stop sign. This will be Clare Ave. or Old U.S. 27. Turn right onto Clare Ave./Old 27 and travel approximately one mile. Camp Rotary is on your left. A “Camp Rotary” sign sits near the drive where you will turn left. (On the other side of the road is a little white barn). Drive back to the main parking lot/office. Someone will be in the parking lot to welcome you and give you further directions.

The actual address:
Camp Rotary
3201 S. Clare Ave.
Clare, Mi. 48617
Camp Phone: 989-386-7943

**If you need to reach us on the day of arrival, please contact either Krystal Campbell at 989-621-2826 or Dee Brock at 989-390-4897**