

ROTARY YOUTH LEADERSHIP AWARDS CAMP
Kauai Camp RYLA – October 27-29, 2017
Camp Koke`e Conservation Camp
Applicant Information/Parental Release Form

Please complete this form legibly and in black or dark blue ink.

Name _____ Nickname _____ Age _____ Sex _____

Mailing Address: _____ City _____ Zip _____

Home Phone: _____ School _____ Grade _____

Cell Phone: _____ E-Mail _____ Facebook Page? _____

Are you an Interact Club member? _____ Unisex T Shirt Size _____

List your school and/or community activities (Include any elected or leadership positions):

PARENT(S)/ GUARDIAN(S) ACCEPTANCE

Our son/daughter has discussed the Rotary Youth Leadership Awards (RYLA) camp with me (us) and I (we) give my (our) permission to apply for participation in this co-ed overnight RYLA program to be held on the dates listed above. Further I (we) give my (our) approval to seek medical assistance should an emergency occur. It is understood that the program is conducted and supervised by Rotary Club from D5000. I (we) further understand that my (our) child is expected to attend the full program and he/she will be transported to and from the camp in the busses provided. I (we) grant permission for the use of camp photographs of my (our) son/daughter by Rotary for RYLA publicity purposes. I hereby release Rotary District 5000, Kauai Rotary clubs and all program staff from all liability, including payment for treatment for illness or accidents which may occur.

Signature of Parent/Guardian _____ Print Name _____

Emergency Phone Numbers: Cell Phone _____ Other _____

Signature of Parent/Guardian _____ PrintName _____

Emergency Phone Numbers: Cell Phone _____ Other _____

RETURN THE COMPLETED 3-PAGE APPLICATION TO CHAR
RAVELO. SCAN AND EMAIL TO: info@leadershipkauai.org

DEADLINE: October 17, 2017

ROTARY YOUTH LEADERSHIP AWARDS CAMP HEALTH INFORMATION & CONSENT FOR EMERGENCY TREATMENT

This information on this form will be kept confidential and will only be used by medical personnel.

Student's Last Name _____ First _____ DOB _____ Sex _____
 Street Address _____ City _____ Zip _____
 Insurance Company _____ Policy Number _____
 In case of emergency notify _____ Phone _____
 Relationship to Participant: Parent __ Guardian: __ Other (specify) _____
 Family Physician or Clinic _____ Phone _____
 Date of Last Tetanus Shot _____

Please answer the following questions, and explain each "YES" response below:

	Yes	No
1. Respiratory problems (asthma, persistent cough, TB, etc.).	_____	_____
2. Heart disease (high blood pressure, heart murmur, chest pain etc.).	_____	_____
3. Stomach or intestinal problems (ulcers, jaundice, hernia, etc.).	_____	_____
4. Kidney, gall bladder or liver disease.	_____	_____
5. Diabetes or Hypoglycemia (low blood sugar).	_____	_____
6. Muscular/skeletal problems (arthritis, hernia, recent fracture, etc.).	_____	_____
7. Eye, ear, nose or throat problems (hay fever, impaired sight or hearing).	_____	_____
8. Nervous disorders (convulsions, epilepsy, dizziness, etc.).	_____	_____
9. Skin diseases.	_____	_____
10. Emotional or mental disorders (frequent anxiety, excessive fear, etc.).	_____	_____
11. Surgical Operations, Accidents, Injuries in last 3 years.	_____	_____
12. Recent exposure to contagious disease.	_____	_____
13. Allergies.	_____	_____
14. Are you currently under a doctor's care?	_____	_____
15. Are you currently taking any medication? List below.	_____	_____
16. Do you have any special dietary needs?	_____	_____
17. Do you have any limiting physical or emotional conditions?	_____	_____
Explanations (Use reverse side if necessary)		

I am of the opinion that my child can and may participate in the Rotary Youth Leadership Awards Camp (RYLA) to be held on the dates listed on the Application form. I further declare that he/she has no physical, emotional, mental or communicable conditions that will interfere with participation in this program. I hereby release Rotary District 5000, Kauai Rotary clubs and all program staff from all liability, including payment for treatment for illness or accidents which may occur.

If a medical emergency arises while my child is participating in the RYLA program, I give my permission for medical personnel to perform whatever health service or treatment is necessary for our child's health.

Parent/Guardian Signature _____ Print Name _____

Date _____ Phone number(s) _____

CODE OF CONDUCT

2017-18 RYLA PROGRAM - D5000 ROTARY CLUBS

THE RYLA PROGRAM STAFF WISHES TO PROVIDE A SAFE, SECURE SETTING FOR ALL THOSE WHO PARTICIPATE IN THIS PROGRAM.

The following Code of Conduct rules and conditions will apply to all RYLA participants, staff and visitors throughout the Camp RYLA program checked on the Application form.

- Possession or use of alcoholic beverages or illegal drugs is prohibited.
- Smoking or any use of tobacco products is prohibited.
- Participants are responsible for keeping sleeping area and room clean and orderly
- Sleeping arrangements will be assigned and are same-sex to a 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 program staff.
- Participants must attend all program events at specified times, unless excused by program staff.
- Appropriate clothing is to be worn at all times.
- All program participants must respect personal, camp and public property. Repair costs for damages incurred to property will be billed to the responsible party.
- Participants are not to have an automobile available to them during the program. Transportation will be provided to and from the camp.
- Participants are expected to abide by curfews and to be in their assigned rooms at times as designated by the staff.
- The use of cell phones will not be permitted during the program except during break periods as designated by the staff. Emergency incoming calls will be accepted by the Camp Director at this number: **808-977-8386**

Participants are expected to attend the full program, and if, for any reason, you know that you cannot do this, please do not apply for participation. Requests to not take part in any program activity or to leave before the end of the program will only be considered by the program staff for an exceptional basis, i.e., family emergency, injury, illness, physical limitation, etc. If it becomes necessary for you to leave the program because of such circumstances, your parents will be notified and they will be responsible for arranging all transportation from the camp to your home. Only parents or guardians may give such permission to leave the program and to provide transportation. Any participant who leaves the program early will not be permitted to return, and will not receive a Certificate.

Participants who violate this Code of Conduct may be asked by the program staff to leave the camp, in which case the parents will be responsible for picking them up at the camp site and transporting them home as soon as requested.

I have read and agree to conform to the above code of conduct, conditions and exceptions.

Signed (RYLA Participant) _____ Date _____

Print Name _____

Signed (Parent/Guardian) _____ Date _____

Print Name _____

Phone numbers (Cell, Home, Work) _____

Release and Assumption of Risk Form

For Garden Island Resource Conservation & Development, Inc (GIRC&D) &
Project Name: Kōke'e Resource Conservation Program

I understand that during my volunteer/research work with this project under GIRC&D, Inc., certain risks and dangers may arise, including but not limited to: hazards of traveling in remote areas, traveling by automobile, truck or other means of conveyance, using herbicides and weeding tools, the forces of nature, accident and/or illness in remote locations without immediate evacuation or medical facilities. I have medical insurance or the ability to pay in full for any medical expenses I incur.

In consideration of the right to participate in such volunteer/research activities, I have and do hereby assume all the above risks and will hold the project and GIRC&D, Inc. and any affiliates, and their agents and associates, harmless from any and all liability, actions, causes of action, claims, debts and demands of every kind and nature whatsoever which I now have or may arise in connection with my participation in activities arranged for me by this project and GIRC&D, Inc. and/or its agents and associates absent the gross negligence or willful misconduct of this project and GIRC&D, Inc. and/or its agents and associates. The terms hereof shall serve as release and assumption of risk for my heirs, administrators and executors and for all members of my family including any minors(s) accompanying me.

I understand that this project and/or GIRC&D, Inc. reserve the right to accept, retain, or decline any volunteer/researcher at any time for any reason. This project and/or GIRC&D, Inc. leaders have the right to disqualify me from any activity, including overnight accommodations, if in his or her judgment, I am incapable of that activity and/or if my continued participation in the activity will endanger me and/or the safety of the group. I acknowledge that it is my obligation to inform the leader, in advance of any activity, of any medical or physical disability or limitation that might disable me or render me unable to perform or safely complete the activity, and I also acknowledge that I am the best judge of my own condition and limitation and that it is incumbent on me to fully disclose the extent of any such conditions or limitations.

PHOTO RELEASE

I release the rights to this project and GIRC&D, Inc. to use for their promotional and educational material any photographs of me while participating as a volunteer/researcher.

VOLUNTEER/RESEARCHER RESPONSIBILITY

As a volunteer/researcher, I have the responsibility to this project and GIRC&D, Inc. and to other volunteers/researchers that include:

- Being in sufficient good health to undertake the trip and volunteer/researcher experience;
- Preparing for my trip by reading ALL information sent to me and bringing the appropriate clothing and equipment with me;
- Acting in an appropriate, respectful manner in accordance with local custom and laws.

Signature: _____ Date _____

Print Name: _____

Minor's Name(s): _____



**STATE OF HAWAII
DEPARTMENT OF LAND AND NATURAL RESOURCES**

RELEASE OF LIABILITY

Name: _____

Phone: _____

Email Address: _____

I have requested the Department of Land and Natural Resources to allow me or my child to engage in the following activity or activities on State of Hawaii property known as the _____ (hereinafter "Park"):
(Description of activity) _____

_____ **for a period of time starting on _____ and ending on _____.** I agree and acknowledge that my or my child's SAFETY is at moderate to high risk and that I accept RESPONSIBILITY. I fully understand, and by my signature acknowledge that:

I recognize and acknowledge that there are certain inherent risks and dangers involved with the above-described activity or activities at the Park involve certain inherent risks including but not limited to risk of possible injury or death and understand that the following conditions, hazards, or dangers may exist:

• gusty winds	• dense, tangled vegetation
• sharp and/or slippery rocks	• thorny plants
• stinging or biting insects and spiders	• work on or near steam and ocean water
• portable or no bathroom facilities	• wet or slippery roads
• no potable drinking water	• herbicides
• steep drop-offs	• paint, fuel, and oil fumes
• rugged terrain	• work in hunting area
• sharp tools	• wild animals
• lack of nearby medical facilities	• flash floods
• steep and slippery trail and river crossings	• lack of reliable communication service (including no telephone service)
• harsh weather conditions (ranging from hot and humid to wet and cold)	• diseases caused by water, air, or animal vectors

To the extent that my activities may involve the use of motorized tools, hand tools, and/or handling of herbicides, I acknowledge that there are certain inherent risks and dangers involved in such activities, which include (but are not limited to) risk of possible serious bodily injury, death, or poisoning.

Knowing that the above-described activity or activities at the Park may present certain risks and dangers to me or my child, including RISK OF SERIOUS BODILY HARM OR DEATH, I nevertheless permit myself or my child to engage in the above-described activity or activities at the Park. I voluntarily ASSUME THE RISK OF INJURY OR LOSS created by the above-described conditions, hazards, and dangers at the Park.

With full knowledge of said conditions, hazards, and dangers, I RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS the State of Hawaii, and any and all of its officers, employees, and agents, for death or injury to me or my child or damage to or destruction of any of my or my child's property resulting from the conditions, hazards, and dangers listed above.

I understand and acknowledge that the provisions of Chapter 90, Hawaii Revised Statutes, do not apply to my or my child's activities at the Park.

In consideration for allowing me or my child to engage in the above-described activity or activities at the Park which I have requested, I, for my heirs, beneficiaries, executors, and administrators, REMISE, RELEASE, AND FOREVER DISCHARGE the State of Hawaii, and any and all of its officers, employees, and agents, acting in their official capacities, from any and all claim(s), demand(s), or cause(s) of action on account of my or my child's death or personal injury or on account of any injury to my or my child's property which may occur from my or my child's negligence, hazards listed herein, or an unforeseeable event, during my or my child's activity or activities at the Park described above.

I have read the above waiver and hereby release the State of Hawaii, its officers, employees, agents, and assigns from any and all liability that may result from my above-described activity or activities at the Park.

Signature: _____ Date: _____

Printed Name: _____

Signature of Parent or Legal Guardian: _____

Printed Name: _____ Date: _____

Minor's Name(s): _____