



# STUDENT APPLICATION

**ROTARY YOUTH LEADERSHIP AWARD**

**THURSDAY, June 23, 2022**

**THROUGH**

**SUNDAY, June 26, 2022**

**BAYOU SEGNETTE STATE PARK**

**WESTWEGO, LA.**

## **Applicant Instructions** (Keep a copy of this application for your records)

Answer all questions fully, using additional sheets if necessary. Write your name on any additional sheets and indicate the question(s) to which the additional information refers.

The deadline for submitting your application to attend 2021 RYLA is May 1, 2022. You will receive confirmation of your acceptance within two weeks of submitting your application.

Please send your applications to: Rotary District 6200 – RYLA, P O Box 80537, Lafayette, LA 70508; or scan and email to [rotary6200@lusfiber.net](mailto:rotary6200@lusfiber.net).

**Sponsoring Rotary Club:** \_\_\_\_\_

### **Applicant Information**

**Full Name:** \_\_\_\_\_

**Preferred Name (for Name Tag):** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Name of High School Attended: \_\_\_\_\_

Current 2019-20 Grade Level: \_\_\_\_\_ GPA: \_\_\_\_\_

### **Parent or Guardian Contact Information**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**In case of an emergency, contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Answer all questions fully, using additional sheets if necessary. Write your name on any additional sheets and clearly indicate the question(s) to which the additional information refers.

**ACADEMIC ACCOMPLISHMENTS:** (Honor Roll, Awards, Accelerated/Special Classes, etc.)

**OTHER SCHOOL ACTIVITIES AND RECOGNITIONS:** (Positions held, and responsibilities undertaken, etc.)

**SPORTS PARTICIPATION:** (Number of years, levels of competition, and honors, etc.)

**OUTSIDE SCHOOL INTERESTS, SERVICE ACTIVITIES, HOBBIES, AND RECREATION:**

**WORK EXPERIENCE:** (Summers and After-School)

**WRITE A SHORT ESSAY ON WHY YOU THINK THE ROTARY YOUTH LEADERSHIP AWARD WILL BE A GOOD EXPERIENCE FOR YOU:**

**APPLICATIONS MUST BE SIGNED AND A CURRENT PHOTO OF APPLICANT ATTACHED.**

**APPLICANT:**

NAME: \_\_\_\_\_  
*(please print)*

**SIGNATURE:** \_\_\_\_\_

DATE: \_\_\_\_\_

**PARENT/LEGAL GUARDIAN**

I give permission for \_\_\_\_\_ to attend RYLA 2022 at Bayou Segnette State Park, Westwego, LA.

NAME: \_\_\_\_\_  
*(please print)*

**SIGNATURE:** \_\_\_\_\_

DATE: \_\_\_\_\_

**MEDICAL INFORMATION & HISTORY**

To be completed by the student applicant and parent/guardian. Please print.  
This information is **confidential** and is only for your safety and emergencies.

**Applicant Name:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

**In case of an emergency, contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Physician & Medical Insurance Information**

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name of Medical Insurance Company: \_\_\_\_\_

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

**Medical History**

Do you have any allergies (bees, drugs, foods, etc.)?

Explain: \_\_\_\_\_

\_\_\_\_\_

Are you taking any medications?

List: \_\_\_\_\_

\_\_\_\_\_

Do you have any chronic illnesses (diabetes, epilepsy, asthma, etc.)?

Explain: \_\_\_\_\_

\_\_\_\_\_

Do you have any physical disabilities or conditions that might prevent you from participating in any physical activities?

Explain: \_\_\_\_\_

Special Dietary needs?

Explain: \_\_\_\_\_

Are you currently under the care of a physician?

Explain: \_\_\_\_\_

Do you have any other medical conditions that the camp director should be aware of?

Explain: \_\_\_\_\_

**I acknowledge that the above is true and correct.**

**APPLICANT:**

NAME: \_\_\_\_\_  
*(please print)*

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**PARENT/LEGAL GUARDIAN**

NAME: \_\_\_\_\_  
*(please print)*

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Important Notice:** If there are any health changes after submission of the health statement or if there is any exposure to any communicable disease(s) during the three (3) weeks prior to attendance at RYLA, the RYLA Administration must be notified prior to attending RYLA.

**LIABILITY RELEASE**

*(To be signed by both applicant and parent(s) or guardian. An applicant cannot participate without this release.)*

**General Release:**

In consideration for being permitted to participate in the Rotary Youth Leadership Awards (RYLA) and all associated activities:

I/we have read the RYLarian Handbook regarding associated activities distributed to each student with this application. I/we understand these activities carry some risk, and the student will be expected to participate in these activities. I/we understand that these activities are part of what made the RYLA program so successful in the growth of young people and that my/our student has my/our approval to participate in all the activities during the program.

Student, for himself or herself, his or her spouse, parents, legal representatives, heirs, and assigns, hereby releases, waives and discharges RYLA, Rotary International, Rotary International District 6200, its officers and members, all promoters, sponsors, advertisers, owner and lessees of the premises upon which RLYA is conducted, and each of them and their officers and employees (referred to hereinafter as "Releasees") from all liability to student, spouse, parents, legal representatives, heirs, and assigns for any and all loss or damage, and any claim or damages resulting therefrom, on account of injury to student's person or property, even injury resulting in death of student, whether caused by negligence of Releasees or otherwise while student is participating in the RYLA activities.

Student agrees to indemnify Releasees and each of them for any loss, liability, damage, or cost they may incur due to the presence of student in or upon the RYLA premises or activities, whether caused by the negligence of Releasees or otherwise.

Student hereby assumes full responsibility for risk of bodily injury, death, or property damage due to the negligence of the Releasees or otherwise, while in or upon the RYLA premises or activities, and while competing, officiating in, working or for any purpose participating in the RYLA activities.

Student 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 Louisiana; and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in legal force and effect.

**Medical Release**

In the event of an emergency and medical attention is required for a student at RYLA, the providing of the attention will not be construed as an admission of liability on the part of RYLA and cost for all emergency treatment, and care must be borne by the parents or guardians of the involved student. Should RYLA have voluntary insurance coverage to cover such expenses, such coverage will be limited to the excess over any valid and collectible insurance carried by the injured student's parents or guardians.

In the case of a medical emergency, I understand that every effort will be made to contact parents or guardians of students. In the event that I cannot be reached, I hereby give permission to the physician selected by the RYLA Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child/ward as name herein.

I support my child's/ward's application to RYLA, and I agree that if he/she is selected to attend RYLA, he/she will complete the entire program. I understand that my child/ward will be asked not to attend RYLA if illness or emergency will preclude him/her from participating fully in all RYLA activities.

IN WITNESS WHEREOF, Student and Student's parent(s) or guardian(s) have executed this release at:

\_\_\_\_\_, in the State of \_\_\_\_\_  
(City)

This \_\_\_\_\_ day of \_\_\_\_\_, 2022. **APPLICANT:**



NAME: \_\_\_\_\_  
(please print)

**SIGNATURE:** \_\_\_\_\_

**PARENT/LEGAL GUARDIAN**

NAME: \_\_\_\_\_  
(please print)

**SIGNATURE:** \_\_\_\_\_



District 6200 RYLA
Photograph and Publicity Release Form

I, \_\_\_\_\_, give Rotary International District 6200 and its Rotary Clubs, permission to use my name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of Rotary District 6200 activities. I agree that Rotary District 6200 and its clubs have complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with Rotary International Public Image guidelines. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet. I acknowledge that we will not receive any compensation, etc. for the use of such pictures, etc., and hereby release Rotary District 6200 and its agents and assigns from any and all claims which arise out of or are in any way connected with such use.

I have read and understood this consent and release.

I give my consent to Rotary District 6200 and its Rotary Clubs to use my name and likeness to promote Rotary International, Rotary District 6200 and its clubs, and/or their activities.

Name of Applicant (print)

Signature

Date

Name of Parent/Legal Guardian (print)

Signature

Date

I do not give my consent to Rotary District 6200 and its Rotary Clubs to use my name and likeness to Rotary International, Rotary District 6200 and its clubs, and/or their activities.

Name of Applicant (print)

Signature

Date

Name of Parent/Legal Guardian (print)

Signature

Date



## **2022 RYLA**

### **COVID 19 Vaccine Requirement**

We are very excited to be able to host RYLA this year. To assure the safety of our Rotarian Volunteers as well as our Scholarship Participants, we will require **all** participants to be fully vaccinated against COVID 19.

People are considered fully vaccinated two weeks after their second dose in a two-dose series such as Pfizer or Moderna vaccines or two weeks after a single-dose vaccine, such as Johnson and Johnson's Janssen vaccine. As a result, in order to participate in RYLA, you must have completed the two-dose series at a minimum of 2 weeks prior to the first day of RYLA. If you are given the single-dose vaccine, you must have it completed two weeks prior to the first day of RYLA.

We understand everyone has a choice regarding receiving the vaccine and respect that, however in light of the range of ages of the participants and volunteers, the program requirements, and the vast availability of vaccines, we have decided that we will put everyone's health at the forefront to assure our RYLA experience is not overshadowed with COVID 19 concerns.

Please ensure that you bring proof of vaccination with you to the registration **or** scan and send it with your application. Without physical proof, you will not be permitted to participate in RYLA.

Thank You for helping us continue to provide a safe and quality youth leadership program that is beneficial to all involved.

Tim McNabb

District 6200 RYLA Chair.