



Rotary District 6150



2020

ROTARY YOUTH LEADERSHIP AWARD

March 12 – 15, 2020

PLEASE TYPE OR PRINT LEGIBLY

Photo Please include a current photograph.	Student's Name		
	Rotary Club:		
	Rotarian RYLA Representative:		
	High School:		
	Current Age:	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Current Grade:
Mailing Address:	City:	State:	Zip:
Home Phone(s)	Parents' Business/Mobile/Emergency Numbers:	Student's Email Address:	
Academic Accomplishments: <i>Honor Roll, Awards, Special Classes, Concentrations</i>			
Other School Activities and Recognitions: <i>List positions held and responsibilities undertaken</i>			
H.S. Sports, Band or Other Participation: <i>List years, levels of competition and honors</i>			
Give us One "Interesting Fact" about yourself: something that sets you apart from others			
Work Experience: <i>Summers / After School</i>			
T-SHIRT SIZE:			



Publications, Video, Internet Consent and Release Agreement For Youth

Youth who attend or participate in programs or events conducted by the University of Arkansas Cooperative Extension Service are occasionally asked to be part of the county and/or statewide publicity, promotion, marketing efforts and/or public relations activities or projects, and/or to appear in educational and curriculum material developed by the Cooperative Extension Service. In order to guarantee your child's privacy and ensure your agreement for your child to participate, the University of Arkansas Cooperative Extension Service asks that you sign and return this form for each of your participating children to your county Cooperative Extension Service office.

By your signature on this form, you approve the University of Arkansas Cooperative Extension Service, should it choose, to use your child's name, picture, art, written work, voice, verbal statements or portraits (video or still) in any educational and/or promotional printed or electronic piece that furthers Extension's educational and/or public relations efforts during this and subsequent years. This includes but is not limited to external news media outlets, printed and/or broadcast, Cooperative Extension web site, brochures, displays, newsletters, curriculum guides, purchased advertisements or other means of communicating with the public about Cooperative Extension Service programs and services. The pictures, recordings, articles, copy or other means of communications may or may not personally identify your child.

AGREEMENT

Youth and Parent/Guardian release to the University of Arkansas Cooperative Extension Service by indicating below, consent to their use by the University of Arkansas Cooperative Extension Service. Please mark the following options:

- | | |
|---|---|
| <input type="checkbox"/> Child's name | <input type="checkbox"/> Picture, Portrait (video or still) |
| <input type="checkbox"/> Art | <input type="checkbox"/> Written work |
| <input type="checkbox"/> Voice | <input type="checkbox"/> Verbal statement |
| <input type="checkbox"/> All of the above | |

The University of Arkansas Cooperative Extension Service agrees that the youth's name, picture, art, written work, voice, verbal statements, portraits (video or still) will only be used for Extension's public relations, public information, promotion, publicity and marketing efforts and/or to support its educational program.

Youth and Parent/Guardian understand and agree that:

- No monetary consideration shall be paid;
- Consent and release have been given without coercion or duress;
- This agreement is binding upon heirs and/or future legal representatives;
- The photographs, video or student statements may be used in subsequent years;
- If the Youth and Parent/Guardian wish to rescind this agreement, they may do so at any time with written notice.

Effective Date of Agreement _____

Youth's Name _____

Youth's Signature if at least 18 years old _____

Parent/Guardian: (Print name) _____

Signature _____



UNIVERSITY OF ARKANSAS
DIVISION OF AGRICULTURE
Cooperative Extension Service

**ExCEL Release and Waiver of Liability
(ALL PARTICIPANTS MUST SIGN A FORM TO PARTICIPATE)**

Name _____ Age _____ Work Phone _____
 Address: Street _____ City _____ Zip _____
 In case of Emergency contact: _____
 Relationship _____ Home Phone # _____ Work Phone # _____

STATEMENT OF UNDERSTANDING/MEDICAL INFORMATION

I am aware in signing this statement for participation in the programs at the Ferncliff Camp that certain activities are physically demanding. Therefore, physical fitness will increase your enjoyment and ability for participation in the activity. If for any reason you question your ability to participate in the activity, please consult with the instructors prior to participation. While it is impossible to foresee all possible dangers, some of the specific hazards which you might encounter while using the High Ropes Course and Initiatives Course include: Slipping or falling on the trail, bumps, bruises, cuts, insect bites, poison ivy, sprains, fractures or other injuries. Please note that most activities are conducted in the out-of-doors in all kinds of weather so proper dress (rain gear, warm clothing) are essential to avoid exposure to the elements. The instructors of the course will take every reasonable precaution to minimize exposure to known risks, however, as a participant you acknowledge the nature of the activity and the fact that not all of the stresses and hazards connected with the activity can be foreseen. You have the personal responsibility to follow the established safety rules and procedures to the extent that you participate in such activities. If at any time you have questions about the activity, you have the responsibility to consult with your instructor. Sponsoring agencies have the responsibility of providing a progression of appropriate activities which lead to the experiences at the ExCEL Challenge Program at Ferncliff Camp.

I recognize that there is a significant element of risk in any adventure, sport or activity associated with the outdoors. Knowing the inherent risks, dangers and rigors involved in the activities, I certify that my family and I, including any minor children, are fully capable of participating in the activities.

I assume full responsibility for my family and myself, including any minor children, for bodily injury, death, loss of personal property and expense thereof, as a result of my family member(s) participating in the ExCEL Challenge Program.

EMERGENCY MEDICAL INFORMATION

Please Check Yes or No

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Allergies to foods, drugs, insect bites, dust. Please identify them and your reaction.
<input type="checkbox"/>	<input type="checkbox"/>	Physical disabilities or conditions which might limit your participation. Please identify them.
<input type="checkbox"/>	<input type="checkbox"/>	If you are presently taking medication, please identify the medication.

MEDICAL AUTHORIZATION

Parent or legal guardian must sign for all persons under 18 years of age.

I understand that health services will be available and that adult supervision will be provided. If an illness or injury develops, medical and/or hospital care will be provided and I will be notified as soon as possible. I will not hold liable the University of Arkansas, the Ferncliff Camp, the Arkansas Cooperative Extension Service, or its employees for any injury or damage received by my child while he/she is being transported or is engaged in this activity.

I understand and accept the above statement and further authorize each of the following:

- A. The health history on the front is correct and the participant has my permission to engage in all program activities.
- B. I grant permission to the attending physician and/or the attendant health service staff to employ such diagnostic procedures and medical treatment as deemed necessary.
- C. I authorize medical care units to release medical record information to the health insurance carrier for the Ferncliff Camp events and/or the Cooperative Extension Service in or to process claims.
- D. I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians and/or health care units.

Signature _____ Date _____

(If 18 or under, parent or Guardian must sign.)

CODE OF CONDUCT

Rotary District 6150 RYLA

The RYLA Conference Committee wishes to provide a safe and secure setting for all those who participate in this conference. To do this, your cooperation to the following rules and conditions will be expected and greatly appreciated.

The following Code of Conduct rules and conditions will apply to all Rotary Youth Leadership award delegates and visitors throughout the District 6150 RYLA Conference.

Possessing or use of alcoholic beverages, illegal drugs or any tobacco is prohibited.

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 staff.

Personal televisions, laptops, video games, firearms or knives are not permitted.

Appropriate clothing (what is okay to where to school) and nametags are to be worn at all times.

All conference participants must be in their dormitory rooms for room check every night. After room check, conference participants are not to leave their rooms unless it is an emergency situation until 6:00 AM the following morning.

Participants of the opposite sex are not allowed in dormitory rooms at any time.

The speakers have made many sacrifices to be here and they deserve our utmost respect. Therefore, participants who miss a speaker or event, or are tardy 3 times, without excuses by a counselor, will have their parents contacted immediately and may be sent home.

The speaker must have the conference participants' undivided attention while presenting. Therefore, no talking or joking around unless the speaker asks for interaction from the conference participants.

All conference participants must respect personal and public property. Repair costs for damage incurred to property will be billed appropriately.

No cursing, crude or violent behavior will be permitted.

Conferees are not to have an automobile available to them at any time during RYLA.

(501) 231-4320 is available for any incoming emergency calls. Cellular phones are permitted outside of scheduled activity times, but must be turned off during the meetings.

TENNIS or HIKING SHOES must be worn for the ropes course. The shoes must be closed toe. NO EXEPTIONS.

CODE OF CONDUCT
Rotary District 6150 RYLA

The physical, sexual or emotional abuse or harassment of any student will not be tolerated. All allegations of abuse or harassment will be taken seriously. The safety and well-being of students will always be the first priority.

Definitions:

Sexual abuse: Sexual abuse refers to engaging in implicit or explicit sexual acts with a student or forcing or encouraging a student to engage in implicit or explicit sexual acts alone or with another person of any age, of the same sex or opposite sex. Additional examples of sexual abuse could include, but are not limited to: non-touching offenses, indecent exposure, exposing a child to sexual or pornographic material.

Sexual harassment: Sexual harassment refers to sexual advances, requests for sexual favors or verbal or physical conduct of a sexual nature. In some cases, sexual harassment precedes sexual abuse, and is a technique used by sexual predators to desensitize or groom their victims. Examples of sexual harassment could include, but are not limited to: sexual advances, sexual epithets, jokes, written or oral references to sexual conduct, gossip regarding one's sex life, and comment about an individual's sexual activity, deficiencies or prowess; verbal abuse of a sexual nature; displaying sexually suggestive objects, pictures or drawings; an sexual leering or whistling, any inappropriate physical contact such as bruising or touching, obscene language or gestures and suggestive or insulting comments.

If any of the violations above are committed, after evaluation of the violation, the campers parents will be notified, explained about the violation committed and will be asked to pick up the camper. If sexual abuse or harassment should occur, the staff will follow the RYLA Sexual Abuse and Harassment Allegation Reporting Guidelines.

YOU ARE EXPECTED TO ATTEND THE FULL CONFERENCE. Requests to not take part in any activity or to leave before the end of the conference (ex. ACT, FBLA) will only be considered prior to the beginning of the Camp by the Camp Directors on an exceptional basis. If it becomes necessary, your family will be responsible for arranging transportation from the conference with the Camp Directors.

I have read and agree to conform to the above code of conduct, conditions and expectations. Should my conduct be considered unacceptable at any time in the opinion of the RYLA staff, I understand that I can be dismissed from the conference and my parent/guardian will be notified to pick me up.

Signed (participant) _____ Date _____

Signed (Parent/Guardian) _____ Date _____

ITEMS TO BRING TO RYLA

CLOTHING FOR BOTH PHYSICAL ACTIVITY (ROPES COURSE AND CASUAL CLOTHES) AND FOR NON PHYSICAL ACTIVITY-EVERYTHING IS CASUAL

TENNIS SHOES OR CLOSED TOE SHOES TO BE WORN ON THE ROPES COURSE-NO SANDALS OR OPEN TOE SHOES MAY BE WORN ON THE ROPES COURSE ON FRIDAY

PERSONAL HYGEINE ITEMS-TOOTHBRUSH, TOOTHPASTE, SHAMPOO, HAIRDRYER...ETC.

LINENS WILL BE PROVIDED

***ANY ITEMS YOU NEED FOR THE TALENT SHOW**

YOU MAY BRING A CELL PHONE; HOWEVER, IT IS TO BE USED ONLY AT FREE TIME. IF YOU ARE CAUGHT USING YOUR CELL PHONE, WHETHER CALLING, TEXTING, PLAYING GAMES, DURING A SESSION, YOUR CELL PHONE WILL BE TAKEN AWAY UNTIL THE END OF CAMP. IF YOUR CELL PHONE IS TAKEN AWAY, YOU MAY CALL YOUR PARENTS WITH TWO COUNSELORS WITH YOU AND THEN MUST IMMEDIATELY RETURN THE PHONE.

WHAT NOT TO BRING

NO TV'S, STEREOS, VIDEO GAMES

NO ALCOHOL, DRUGS, TOBACCO PRODUCTS ALLOWED. IF YOU ARE CAUGHT WITH ANY OF THESE, YOU WILL BE SENT HOME.

PLEASE DISCLOSE ANY MEDICAL DRUGS YOU TAKE ON YOUR WAIVER FORM.