

RYLA

2025 Edition

rotary youth leadership awards



Camp RYLA Camper Guide And Application

Section 1-General Information and Background

A. Purposes and Objectives of Camp RYLA

1. The Rotary Youth Leadership Award (RYLA) provides outstanding student leaders an opportunity to expand and hone their leadership skills at a Thursday-Sunday seminar called Camp RYLA, which is staffed and operated by volunteer Rotarians from District 6190.
2. The Objectives of Camp RYLA are:
 - a To provide an atmosphere in which attendees will experience leadership situations that will aid them in developing sound values.
 - b To promote an environment that will provide each individual with a basis for insight and understanding for intelligent leadership.
 - c To promote involvement that encourages the participants to think through and arbitrate conflicts of values.
 - d To introduce youth leaders to Rotary principles and Rotary Youth Programs.

B. Background

1. District 6190 held its first CAMP RYLA July 23-28, 1995 at Chicot State Park near Ville Platte, LA. The 1996-2003 Camps were held at Emory Wallace Retreat Center in DeRidder, LA. The Camp was relocated to Clara Springs in Pleasant Hill, La in the year 2004 where it continued until 2011. In 2012 the camp was moved to the "OWL", (Outdoor Wilderness Learning Center) in Dubach, LA., where it remains active today.
2. Rising high school sophomores are eligible to attend.
3. Topics covered at RYLA are:
 - a. Fundamentals of leadership;
 - b. Ethics of positive leadership;
 - c. Importance of communication skills in effective leadership;
 - d. Problem-Solving and conflict management;
 - e. Rotary's purpose and service to the community;
 - f. Building Self Confidence and Self Esteem;
 - g. Elements of Community and Global Citizenship.
4. Camp RYLA is developed around team building activities, outdoor activities, outstanding speakers, and building new friendships which will last a lifetime!

C. Contact Information:

1. RYLA Camp Administrator: Pamela Stewart 318-243-3358 or Craig Phillips 318-500-0217
2. RYLA Email: pamela@pastewart.com or craig.district6190@gmail.com



Rotary Youth Leadership Award Application for Camp RYLA

June 12th-June 15th 2025, “OWL” (Outdoor Wilderness Learning Center)
Dubach, La

Sponsoring Rotary Club _____

Club RYLA Chairperson _____

High School _____

Attach
Photo

Full Name: _____ Age: _____ Grade: _____

Name you wish to be called: _____ High School: _____

T-Shirt Size: _____ Male Female

Address: _____

City: _____ State: _____ Zip: _____ Birth Date: _____

Parent's Cell Phone: () - Parent's Email Address: _____

Parent's Cell Phone: () - Camper's Cell Phone: () -

Camper's Email Address: _____

Emergency contact name and number: _____

Allergic reactions and diet restrictions: _____

Academic Accomplishments: (Honor Roll, Awards, Accelerated/Special Classes)

Other School Activities and Recognitions: (Positions held and responsibilities undertaken)

Sports Participation: (Number of years, levels of competition and any honors)

Outside School Interests, Service Activities, Hobbies, and Recreation:

Work Experience: (Summer/After School)

Essay: Write a short essay on why you think the Rotary Youth Leadership Award Camp would be a good experience for you.

Parent's Signature: _____ **Date:** _____

Prohibited Items

In the tradition of all fine, quality camps, we have the following list of prohibited items:

cell phones/smart watches
laptops
video games or other similar electronic items
tobacco products
alcohol
firearms
knives or other items that may be used as weapons

In order for campers to have an incomparable RYLA experience, cell phones/smart watches, laptops, video games, and other similar electronic items should not be brought to camp. If these items are brought to camp, they will be taken up and held in a secure location in the camp office.

Campers in possession of a prohibited item are subject to dismissal from the camp. Any camper who violates a camp policy, is dismissed from camp, or otherwise leaves camp, other than for a medical emergency, will be responsible to the camp for liquidated damages.

Liquidated damages shall be \$500.00 and shall be due and payable by the camper's legal guardian(s).

Communication with RYLA Campers

As previously stated, campers are not allowed to have cell phones at camp for any reason. In case of an emergency, you should contact the Camp Administrator. We encourage family members to email RYLA campers. This email will be checked every morning, the messages will be printed off and given to the campers.

Necessary Items for Camp

Bedding (sheets, pillow, sleeping bag)
Towels and washcloths
Toiletries (soap, shampoo, deodorant, etc.)
Two changes of clothing per day
Swimwear (one piece or tankini, bikinis must remain covered by a t-shirt)
Tennis shoes
Shower shoes
Bug spray
Sunscreen
Sunglasses

Statement of Camper's Health

(Developed and Approved by the American Camping Association and American Academy of Pediatrics)

Health History (Yes or No – If yes give approximate dates):

Frequent Colds _____	Kidney Trouble _____	Chicken Pox _____
Frequent Sore Throat _____	Bed Wetting _____	Measles _____
Sinusitis _____	Heart Trouble _____	German Measles _____
Abscessed Ears _____	Athlete's Foot _____	Mumps _____
Bronchitis _____	Sleep Walking _____	Whooping Cough _____
Fainting _____	Rheumatic Fever _____	Tuberculosis _____
Convulsions _____	Constipation _____	Diabetes _____
Stomach Upsets _____	Poliomyelitis _____	
Serious Ivy, Oak, or Sumac Poisoning _____		
Operations or Serious Injuries _____		

Allergic Reactions to:

Bee Sting _____ Penicillin _____ Other drugs _____

Any medicine currently being taken? _____

Any specific activities for which camper's health would be questionable? _____

General Statement of camper's health _____

Please attach a copy of camper's health insurance provider card.

Important Notice – If the camper's health changes after the submission of this health statement, or if the camper has been exposed to any communicable disease during the three weeks prior to camp attendance, the RYLA Camp Administrator must be notified prior to attendance.

Liability Release

(To be signed by both parent or guardian and camper applicant. Camper cannot participate without this release)

In consideration of being permitted to participate in Camp RYLA and all associated activities:

I/We have read the Camp RYLA Activities statement in the campers' guide, "Camp RYLA: A Student Leadership", distributed to each student with this application. I understand that they carry some risk and that the camper will be expected to participate in those activities. I understand that these activities are a part of what has made the Camp RYLA program so successful in the growth of young people and that my student has my approval to participate in all the activities of the camp.

Camper, for himself or herself, his or her spouse, parents, legal representatives, heirs, and assigns, hereby releases, waives and discharges Camp RYLA, Rotary International, Rotary District 6190, the sponsoring Rotary club, its and their officers and members, all promoters, sponsors, advertisers, owners, and lessees on the premises upon which Camp RYLA is conducted, and each of them, their officers and employees (referred to hereinafter as "Releasees") from all liability to camper, camper's parents, legal guardians or legal representatives, and assigns, for any and all loss or damage, and any claim or damages resulting therefrom, on account of injury to camper's person or property, even injury resulting in the death of camper, whether caused by the negligence of Releasees or otherwise while camper is participating in Camp RYLA activities.

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

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

Camper 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 emergency medical attention is required for a child at Camp RYLA, the providing of the attention will not be construed as an admission of liability on the part of Camp RYLA and for all emergency treatment and care must be borne by the parents or legal guardians or representatives of the involved camper. Should Camp 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 camper's legal guardians or representatives.

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

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

IN WITNESS WHEREOF, Camper and Camper's parents or guardians have executed this release at:

City: _____ Parish: _____ State: Louisiana _____

This _____ day of _____, 2025 _____

Camper: _____

Parent or Guardian: _____

**OUTDOOR WILDERNESS LEARNING CENTER AGREEMENT TO PARTICIPATE
ASSUMPTION OF RISK AND RELEASE OF LIABILITY
PLEASE READ BEFORE SIGNING**

Whereas, the Undersigned (sometimes referred to as the Applicant/Participant) wishes to be accepted for participation in an outdoor experience to be organized and conducted by the staff of the OUTDOOR WILDERNESS LEARNING CENTER (OWL Center); and in consideration of the staff of the OWL Center allowing the Applicant to participate in such experience:

The undersigned acknowledges that during the said experience the applicant has requested to participate in, that certain risks and dangers may occur. These include, but are not limited to the hazards of traveling uneven terrain, depending on other people, being at various heights (ground to 40'), accident or illness, the forces of nature and travel by automobile, boat, bicycle or other conveyance. The undersigned further recognizes these risks may also include loss or damage to personal property, physical or psychological damage and/or injury including fatality due to accidents which may occur, including accidents resulting from challenge course experience or other outdoor experiences. I understand that inappropriate or hazardous behavior (e.g. "horseplay") is not allowed. I further understand that the activities I (my child) am (is) requesting to participate in, I (he / she) will be exposed to the effects of altitude and the elements of nature, including temperature extremes, and inclement weather. Please note that the OWL Center staff reserves the right to deny any applicant the right to participate at any time due to behavior we deem unsafe.

I certify I (my child) am (is) completely healthy (both physically and emotionally) and capable of participating in this outdoor experience. I have listed on the accompanying Health Statement Form any medical condition the staff of the OWL Center should be aware of which may hinder my (my child's) participation. **However, I understand it is solely my responsibility to determine whether there is any medical reason that I (my child) should not participate in this outdoor experience.**

In consideration of, and as I have made payment for the privilege to participate in such an experience arranged for me by the staff of the OWL Center, I have and do hereby assume all the above risks. I have and do assume any other risk incidental to the nature of the said experience whether or not foreseeable, and will hold the OWL Center, its staff and its owner, Louisiana United Methodist Children and Family Services Inc., its employees or representatives, harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss or otherwise, which I (my child) now have (has) or which may arise from or in connection with my (my child's) participation. In short, I cannot sue the OWL Center, its staff or its owner, Louisiana United Methodist Children and Family Services Inc., its employees or representatives. I also state I am not under, and I (my child) will not be under the influence of any chemical substance including alcohol. I fully understand my (my child's) physical activity involves risk of injury. I also understand my (my child's) participation in this outdoor experience is entirely **VOLUNTARY**. I take full responsibility for my (my child's) decision to participate or not to participate and I (my child) agree(s) to follow all safety instructions.

I hereby grant the OWL Center permission to use my (my child's) likeness in a photograph, video, or other digital media in any and all of its publications, including web-based publications, without payment or other consideration.

Special COVID-19 Risk Statement:

COVID-19 poses a significant risk to OWL Center guests, volunteers, and staff. Infection control measures are in place for the protection of you, LMCH residents, and our staff as part of our commitment to health, safety, and well-being. Nevertheless, face-to-face interaction presents an unavoidable risk of exposure to COVID-19 that must be minimized to the extent possible by social distancing, wearing masks, frequent hand washing, and any other available safety measures. By signing below, you acknowledge the inherent risks concerning COVID-19 and knowingly choose to visit the OWL Center under these conditions.

Name of Applicant / Participant _____

Signature of Applicant (eighteen years of age and older) _____ Date _____

Signature of Parent or Guardian (if under eighteen years of age) _____ Date _____

Signature of Witness _____ Date _____

OUTDOOR WILDERNESS LEARNING CENTER HEALTH STATEMENT

The proposed activity provided by the Outdoor Wilderness Learning Center, including participation in challenge course activities, requires participation in physical exercises which are, by their nature, physically demanding. Many of the activities will challenge you, and cause surges in blood pressure and pulse rates. It is imperative that you are free of any heart related or other diseases. Therefore, all participants must be free of medical or physical conditions, which might create undue risks to themselves or any others who depend on them. Good physical condition will increase your enjoyment of the outdoor activities. If there is any doubt about your ability to safely participate in this experience, you should have a physical examination.

Name	
Phone Number	
Age	
Emergency Contact's name and relationship to you	
Emergency Contact's phone number	

Health History (please mark an X in the appropriate column)	YES	NO
Have you had or do you currently have any heart related problems?		
Do you often feel faint or have spells of severe dizziness?		
Has a doctor ever told you that you have high blood pressure?		
Do you have arthritis, joint, or back problems that are aggravated by exercise?		
Have you had any operations or serious injuries in the past year?		
Do you have any disabilities or chronic recurring illness or communicable diseases?		
Are there any activities that have been discouraged by your physician?		
Are you allergic to any medications, insects, or pollen?		
Do you have Epilepsy?		
Do you have Diabetes?		
Do you have any food allergies or dietary restrictions?		
Are you sick or recovering from an illness?		
Are you currently on any medication that may affect your performance while on course?		
Do you have medical insurance? If so, where is your insurance card located?		

General Health Statement:

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REPRESENTATION AND EMERGENCY AUTHORIZATION

This health history is correct so far as I know, and I believe that my health is satisfactory to participate in the challenge course activities. I hereby give my permission to the medical personnel selected by the staff of the Outdoor Wilderness Learning Center (O.W.L. Center) to order injection and / or anesthesia and / or surgery for me. Such authorization for emergency treatment shall also include, but not be limited to, charges incurred for the providing of aid and arranging evacuation if the staff of the O.W.L. Center determine that such evacuation is necessary or desirable. I further agree to assume responsibility for the costs of any specialized means of evacuation and of any medical care and acknowledge that these costs are the financial responsibility of the undersigned. I also understand and agree to abide by any restrictions placed on my activities.

Name of Applicant / Participant_____

Signature of Applicant (eighteen years of age and older) Date _____

Signature of Parent or Guardian (if under eighteen years of age) Date _____

Signature of Witness Date _____

A Rotary club has paid the full tuition for your camper. In many cases that Rotary club will arrange transportation to camp. If they do not, you will be responsible for getting your camper to and from camp. Please contact the RYLA chair of that club for more information.



From Shreveport and West of Ruston:

You may continue to the OWL Center by passing the OWL Operations Center on Hwy 563 and stopping at the T (you will see a barn/pasture on your right). Turn Right at the T onto Hwy 563 and go about ¼ mile to the first gravel drive to your left, "OWL Lane".