



STUDENT APPLICATION

ROTARY YOUTH LEADERSHIP AWARD

THURSDAY, MAY 28, 2020

THROUGH

SUNDAY, MAY 31, 2020

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 2020 RYLA is May 1, 2020. You will receive confirmation of your acceptance within two weeks of submitting your application.

Please send your applications to: Rotary District 6200 – RYLA, 2266 South College Rd, Suite C, Lafayette, LA 70508; or scan and email to 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 2020 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 _____, 2020.

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