

Rotary District 6360 | <http://www.district6360.com/ryla.php>
Rotary District 6360's RYLA Camp 2020 | Friday, July 10 – Sunday, July 12, 2020



WHAT | Rotary District 6360's RYLA Camp 2020
WHEN | Friday, July 10 – Sunday, July 12, 2020
WHERE | Battle Creek Outdoor Center
10160 S. M-37 Hwy, Dowling, MI 49050

Dear Parent or Guardian,

We are thrilled to have your son or daughter participating in RYLA this year! Enclosed in these document please find various forms or authorization that require signatures by you or your son or daughter. These documents are necessary in order for your child's participation at RYLA so please return these documents as soon as possible.

The forms include:

- I. Registration Information
- II. Medical and Health Information Form
- III. Zero Tolerance Policy
- IV. Permission for Treatment/Medication
- V. RYLA Photo Release
- VI. RYLA Participation Health Information Form for the OEC
- VII. RYLA Challenge Activities Release Form for the OEC – *be sure to initial each line and sign*

Additionally, also enclosed please find a Packing Check List.

Please return this form to the registrar, **Wendy Weaver** at district6360tyla@gmail.com by **May 31, 2020**. If mailing the forms, please send to **Wendy Weaver** at **250 E. Orchard Street, Delton, MI 49046**.



I. REGISTRATION INFORMATION

NAME _____ MALE _____ FEMALE _____

ADDRESS _____ DATE OF BIRTH _____

CITY _____ STATE _____ ZIP _____

STUDENT PHONE NUMBER _____ T-SHIRT SIZE (Adult): _____

PARENT/GUARDIAN NAME _____ PHONE _____

PARENT/GUARDIAN EMAIL _____

SCHOOL _____ GRADE _____

SPONSORING ROTARY CLUB _____

EMERGENCY CONTACT NAME _____ PHONE _____

PHYSICIAN NAME _____ PHONE _____

NAME OF HEALTH INSURANCE COMPANY _____

GROUP NUMBER _____ POLICY NUMBER _____



II. MEDICAL & HEALTH INFORMATION FORM

Please fill out the following information to the best of your abilities:

List any recent injury, illness, infectious disease, chronic disease, or physical limitations of the student:	
Does your child have any allergies to foods, drugs, animals or bee/wasp stings? If so, please explain reactions and management.	
Does your child take any medications? If so, please name medication, dosage and frequency.	
Parent Contact Information (Name & Phone Number):	
Emergency Contact (Name & Phone Number):	
If your child complains of a headache or minor discomfort, may we have permission to administer any of the following: <i>(check box if okay)</i>	<input type="checkbox"/> Non-aspirin (acetaminophen) <input type="checkbox"/> Antacid (i.e. tums) <input type="checkbox"/> Ibuprofen (tablet) <input type="checkbox"/> Sudafed or Benadryl



III. ZERO TOLERANCE POLICY

Every youth program and participant in Rotary is protected by a Youth Protection Policy. This policy specifically discusses such issues as sexual abuse or assault, student safety, and matters related to drugs and alcohol.

For your safety and the safety of those participating in this RYLA Conference Program event we request you apply the Rotary 4-Way Test of the things we think, say or do:

1. Is it the TRUTH?
2. Is it FAIR to all concerned?
3. Will it build GOODWILL and BETTER FRIENDSHIPS?
4. Will it be BENEFICIAL to all concerned?

With that, by completing and signing this Affidavit: I, _____, hereby state that I will not use or possess alcohol or illicit drugs at the RYLA Conference. I know and understand that any person violating RYLA's Youth Protection Policy will be **immediately dismissed** from this event and that their parent or guardian will be required to pick them up from the event within **4 hours of being notified of that violation**.

Student Signature

Date

Parent Signature

Date



IV. PERMISSION FOR TREATMENT/MEDICATION

This health history is correct to the best of my knowledge. I give my permission for my child to attend the residential camp program and participate in all planned activities. I understand that in the case of illness or accident an attempt will be made to contact me at the telephone numbers listed above. In an emergency, if camp personnel are unable to contact me, I hereby give permission to the Battle Creek Outdoor Center, a camp licensed by the Michigan Department of Consumer and Industry Services, to secure emergency medical and surgical treatment as well as routine, non-surgical medical care for my minor child while in camp. I give my permission for authorized personnel to transport my child to an accredited hospital for diagnosis by a licensed physician. I understand that my child will not be released from the camp for any other purpose without expressed written consent of a parent or guardian.

Parent Signature

Date

***If your student will be using medications at camp, please note:**

In order for your student to receive prescription medication while at camp, a PERMISSION FOR TREATMENT/MEDICATION FORM must be completed and signed by the parent/guardian.

All medication must be sent in the original container. This includes all prescriptions, vitamins, allergy medicines, etc. Medicine not sent in the original container cannot be dispensed. The original pharmacy label must accompany prescription medications. This includes inhalers and unit dose medications. All over-the-counter medicine that you have listed on the Medication Permission Form above, will be given as recommended by the manufacturer or as authorized by the parent. Without this information, the medication cannot be given.



V. RYLA PHOTO RELEASE

RYLA Camp routinely takes pictures of your student for identification purposes, group of photos of activities and a general group photo. Activities are then published on the Rotary District 6360 website and other promotional material for purposes to promote camp for future students. Please check one of the following boxes as it relates to the student's photo release:

- I give permission to have my student photographed for the RYLA identification purposes and group photos to be used by Rotary District 6380 website for brochures and other promotional purposes relating to the advertising RYLA camp.

- I DO NOT give permission to have my student photographed for any purpose during RYLA Camp.



PACKING CHECK LIST

Dear Students,

This list will help you to remember what to take to RYLA Camp and what to bring home. Use the list to check off your belongings as you pack them at home.

BASIC CLOTHING

- t-shirts
- long sleeve shirts
- jacket or sweatshirt
- shorts (fingertip length)
- jeans or sweats
- shoes (with laces)
- flip-flops or shower-shoes
- undergarments
- socks
- sleepwear
- swimsuit

PERSONAL ITEMS

- sheets & blanket or sleeping bag
- pillow and pillow case
- extra blanket
- towel
- washcloth
- water bottle

TOILETRIES

- shampoo/conditioner
- body wash
- toothbrush/toothpaste
- comb/hairbrush
- female products
- insect repellent
- sunblock

OPTIONAL

- slippers
- reading material
- quiet games/cards
- camera
- writing material
- flashlight
- hair dryer

Please leave all watches, jewelry, or other valuables at home

Alcohol, illicit drugs, knives, weapons, matches and lighters are prohibited



ADVENTURE/CHALLENGE ACTIVITIES PARTICIPANT HEALTH HISTORY

Participant's Name: _____

Parent/Guardian's name (if participant is a minor) _____

Address: _____

Phone Number: _____ Participant's Birth Date: _____

Emergency Contact #1 _____ Phone Number _____

Emergency Contact #2 _____ Phone Number _____

PLEASE READ: This information is used to make facilitators of participant's medical conditions, allergies, or other information which should be taken into consideration when leading activities or in case of an emergency situation. If participant is a minor, please answer these questions as they relate to the participant.

1. Do you have any preexisting injuries (ankles, knee, back, neck, etc.)? YES NO
 If so please explain: _____

2. Are you currently taking any medications? YES NO
 If so please list: _____

3. Do you have a history of heart problems or are you taking heart medication? YES NO
 If so please explain: _____

4. Do you have high blood pressure or a history of high blood pressure? YES NO

5. Do you have any allergies? (food, bees, insects, medications, etc.) YES NO
 Are you carrying an epi-pen or other allergy medication today? YES NO
 Please list allergens: _____

6. Do you have asthma? YES NO
 Are you carrying an inhaler with you today? YES NO

7. Do you have diabetes? YES NO
 If yes, what medications or other management tools do you have with you today? Please explain.

8. Do you have any other physical limitations? YES NO
 If so please explain: _____

9. Current level of activity at home. (circle one) LOW MEDIUM HIGH

Please include any additional information our facilitators should know. _____

Participant signature _____ Today's Date _____

Parent/Guardian signature (if participant is a minor) _____



**Battle Creek Outdoor Education Center
Challenge Activities
Release and Assumption of Risk**

10160 S. M-37 Hwy.
Dowling, MI 49050
269-721-8161

PLEASE READ CAREFULLY This release is required for participation in all challenge activities as defined by the Battle Creek Outdoor Education Center. This may include yet is not limited to challenge activities led and facilitated by OEC staff such as team building, (Teams Course, Sherwood Forest, The Wall, The Beam, or other group activities), Climbing Tower, High Ropes, Canoeing, and Archery.

Initial each section below to indicate that you have read, understand, and agree to the section following your initials. Parents/Guardians/Legal Representatives should initial on behalf of participating minors after discussing each section with them, indicating that both the minor and the Parent/Guardian/Legal Representative agree to each section.

In consideration of the services of The Battle Creek Public Schools Outdoor Education Center, its owners, agents, officers, employees, contracted workers, volunteers, participants, and all other persons or entities acting on its behalf (hereafter referred to as the BCPS OEC), I hereby agree to release, indemnify, and hold the Battle Creek Public Schools and the Battle Creek Outdoor Education Center (BCPS OEC) harmless as follows:

_____ I acknowledge that my participation in challenge activities at the BCPS OEC is voluntary. I understand there is known risk and unforeseen risk involved, but that such risk plays a key role in challenge activities. I elect to participate in the challenge activities in spite of such risk.

_____ Risks that may be involved include, but are not limited to: slips, falls, falling, rope burns, pinches, scrapes, bumps, twists, and jolts, which have the potential for resulting in emotional injury, scratches, bruises, sprains, lacerations, fractures, concussions, paralysis, death, or damage to myself, to property, or to third parties. The location of the activity may place me in contact with plants, animals, or insects, which have the potential of causing stings, allergies, and associated diseases.

_____ I understand that some challenge activities require participants to wear safety equipment and/or be lifted, spotted, or belayed. If the provided safety equipment does not properly fit me, or if I cannot be safely lifted, spotted or belayed as determined by myself or by an OEC instructor, I may need to use or wear additional safety equipment, participate in a modified or limited version of an activity, or be excluded from participation in an activity.

_____ I agree to bear the costs of any piece of the BCPS OEC's equipment or part of its property that may be damaged or destroyed as a result of not following instructions or improperly using said equipment.

_____ I certify I will be in compliance with all standards, guidelines, and procedures of the challenge activities as established by the instructor. I understand that the instructors are knowledgeable and trained in facilitating the challenge activities, but they are not infallible or able to foresee all dangers and hazards

_____ I acknowledge that I am in good health and I do not have any medical or physical limitations that would hinder my participation in the challenge activities. I certify that I will not be under the influence of, or in possession of, any controlled substance including alcohol while on the BCPS OEC premises. I certify I will not be in possession of any weapons while on the BCPS OEC premises.

_____ I am aware that signing this document authorizes the BCPS OEC to secure medical advice and services as deemed necessary for the health and safety of myself, and I agree to accept financial responsibility.

_____ I agree to bear the responsibility of costs myself if the BCPS OEC, or anyone acting on its behalf, is required to incur attorney's fees or costs to enforce this agreement. I agree that if any portion of this agreement is found void or unenforceable, the remaining portion shall remain in full force and effect.

_____ I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless the BCPS OEC from all claims, demands, or causes of actions, which are in any way connected with my participation in the challenge activities or my use of the BCPS OEC's equipment or facilities, except that which arises out of gross negligence of the BCPS OEC.

YES NO I give permission for me (or for my minor participant) to be photographed **and** for this photograph to be used on promotional media for the camp. No names shall be released and no compensation will be provided.

Participant Name: (please print) _____ DATE _____

Participant Signature: (Minors must sign) _____

Parent/Guardian/Legal Representative Name: (please print) _____

Parent/Guardian/Legal Representative Signature: _____

Please send to Wendy Weaver for registration.