

Rotary District 6360 | <https://www.district6360.com/ryla/>  
Rotary District 6360's RYLA Camp 2025 Friday, July 11 – Sunday, July 13, 2025

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**WHAT** Rotary District 6360 RYLA Camp 2025  
**WHEN** **Friday, July 11 – Sunday, July 13, 2025**  
**WHERE** Battle Creek Outdoor Education Center  
10160 S. M-37 Hwy, Dowling, MI 49050

Dear ParentorGuardian,

The 2025 RYLA Camper Release contains various forms required for participation at the Battle Creek Outdoor Education Center (OEC) facilities and authorizations for the Rotary District RYLA staff that require signatures by you and your student.

**Step 1:** You must **download** to complete *and save* this fillable document for your student to participate in RYLA.

**Step 2:** Once you complete the 2025 RYLA Camper Release (PDF) you will use the the online RYLA Application found at <https://www.district6360.com/ryla/>

**IMPORTANT:** During the online application, you will be prompted to upload this *parent and student signed, completed 2025 RYLA Camper Release.*

The forms include:

- I. Medical and Health Information Form
- II. Permission for Treatment/Medication
- III. Zero Tolerance Policy
- IV. RYLA Photo Release
- V. RYLA Participation Health Information Form for the OEC
- VI. RYLA Challenge Activities Release Form for the OEC - **BESURE TO INITIAL EACH LINE AND SIGN**

Additionally, you will find a Packing Checklist.

**Please download and complete the 2025 RYLA Camper release form and the online RYLA Application by May 30, 2025.**



Step 2: When camper release form is complete, use the online [RYLA Application HERE](#) to enter camper information and upload the completed and signed 2025 RYLA Camper Release

## I. MEDICAL & HEALTH INFORMATION FORM

**PLEASE READ:** This information is used to make facilitators aware 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.	Does your student have any preexisting injury, illness, infectious disease, chronic disease, or physical limitations (ankles, knee back, neck, etc.). If YES, please list.	YES	NO
2.	Does your student have any allergies to foods, drugs, animals, or bee/wasp stings? If so, please explain reactions and management.	YES	NO
	Does your student carry an epi-pen or other allergy medication?	YES	NO
3.	Does your student take any medications? If so, please list the medication, dosage, frequency and <u>what time of day</u> to be administered.	YES	NO
4.	Does your student have a history of heart problems or taking any heart medication? If so, please explain.	YES	NO
5.	Does your student have high blood pressure or a history of high blood pressure?	YES	NO
6.	Does your student have asthma? If so, will your student be carrying an inhaler? YES NO	YES	NO
7.	Does your student have diabetes? If YES, what medications or other management tools does your student have with them this weekend? Please explain.	YES	NO
8.	Does your student have any other physical limitations? If YES, please explain.	YES	NO
9.	Current level of activity at home: Please select one.                      Low      Medium      High		
10.	Please list any additional information our camp facilitators should know about your student's medical and physical health.		
11.	If your student complains of headache or minor discomfort, may we have your permission to administer any of the following: Check box(es) if okay. <input type="checkbox"/> Non-aspirin (acetaminophen); <input type="checkbox"/> Ibuprofen (tablet); <input type="checkbox"/> Antacid (i.e. tums); <input type="checkbox"/> Sudafed or Benadryl		

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Emergency Contact #1: Name \_\_\_\_\_ Cell phone \_\_\_\_\_

Emergency Contact #2 Name \_\_\_\_\_ Cell phone \_\_\_\_\_

## II. 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.

The logo for RYLA, with the letters R, Y, L, and A in large, bold, multi-colored font (blue, yellow, teal, and pink).The logo for Rotary Youth Leadership Awards, with the words "rotary", "youth", "leadership", and "awards" stacked in a colorful, sans-serif font.

10160 South M-37 Hwy  
Dowling, Michigan 49050  
Phone: (269) 721 - 8161  
Fax: (269) 721 - 1071  
[www.clearlakecamp.org](http://www.clearlakecamp.org)

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BATTLE CREEK  
**OUTDOOR**  
EDUCATION CENTER  
Clear Lake Camp Since 1933

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### 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, 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 acknowledge 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**.

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Student Signature

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Date

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Parent Signature

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Date





## IV. 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:

**Parent/Guardian must initial appropriate box below.**

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. No names shall be released and no compensation will be provided.

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



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## PACKING CHECK LIST

Dear Students:

This list will help you to remember what to bring to RYLA Camp and what to take 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 pillowcase
- extra blanket
- towel(s)
- beach towel
- 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\***



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## NOTICE AND WAIVER TO ALL VOLUNTARY ACTIVITY

**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:

### Initials

- \_\_\_\_\_ 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.



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\_\_\_\_\_ 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.

Participant Name: (please print) \_\_\_\_\_

Participant Signature: (Minors must sign) \_\_\_\_\_ DATE: \_\_\_\_\_

Parent/Guardian/Legal Representative Name: (please print) \_\_\_\_\_

Parent/Guardian/Legal Representative Sign \_\_\_\_\_ DATE: \_\_\_\_\_





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## (MINOR PARTICIPANT FORM)

### NOTICE AND WAIVER TO ALL VOLUNTARY ACTIVITY PARTICIPANTS

I agree that \_\_\_\_\_ (MINOR) has my permission to participate in **Challenge Activities** which will take place at **BATTLE CREEK PUBLIC SCHOOL OUTDOOR EDUCATION CENTER (OEC)** during the dates of **July 11 – July 13, 2025**.

Student and parent/guardian have read and agree to follow OEC participation rules.

I agree that participation in the above noted activity is voluntary, and I have knowledge of and assume all risks for the activity to include injuries as well as exposure to communicable diseases, including COVID19.

I certify that I understand current COVID19 risks and symptoms and current CDC guidelines. I certify that (MINOR) has not had any symptoms of COVID19/coronavirus nor been exposed to anyone that had such symptoms or diagnosis in the last 14 days. I agree to notify the OEC of any changes and I will NOT send (MINOR) to the activity if any symptoms develop or with notice of an exposure to COVID19 until (MINOR) has been medically cleared.

I understand that this discharges the Battle Creek Public School District, OEC, ITS EMPLOYEES, and AGENTS from any liability or claim. OEC, ITS EMPLOYEES, AND AGENTS will not assume responsibility for any injury or illness incurred while participating or attending the program or any physically related activity. Certain risks are inherent during participation in these events. Nor will the OEC or its employees or agents be liable for lost or stolen items while participants are using the facilities or are on the premises. I waive all claims and release the Battle Creek Public School District, OEC and ITS EMPLOYEES and AGENTS from any and all injury, illness, or damage that (MINOR) or (I) may suffer as a result of participation or attendance in the activity. I agree to indemnify and hold the Battle Creek Public School District, OEC, ITS EMPLOYEES, and AGENTS from any liability or claim. OEC, ITS EMPLOYEES, AND AGENTS harmless from any claims presented on **MY OWN BEHALF**, or claims presented by (MINOR) or (MINOR's) representative.

Printed Name of PARENT or GUARDIAN \_\_\_\_\_

Signature of PARENT or GUARDIAN \_\_\_\_\_

Date \_\_\_\_\_

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## **(ADULT PARTICIPANT FORM)**

### **NOTICE AND WAIVER TO ALL VOLUNTARY ACTIVITY PARTICIPANTS**

I agree to participate in Challenge Activities which will take place at **BATTLE CREEK PUBLIC SCHOOL OUTDOOR EDUCATION CENTER (OEC)** during the dates of July 11 – 13, 2025. I have read and agree to follow OEC participation rules.

I agree that participation in the above noted activity is voluntary, and I have knowledge of and assume all risks for the activity to include injuries as well as exposure to communicable disease, including COVID19.

I certify that I understand current COVID19 risks and symptoms and current CDC guidelines. I certify that I have not had any symptoms of a COVID19/coronavirus nor been exposed to anyone who has had such symptoms or diagnosis in the last 14 days. I agree to notify the School District of any changes and I will NOT participate if any symptoms develop or with notice of an exposure to COVID19 until medically cleared.

I understand that this discharges the Battle Creek Public School District, OEC, ITS EMPLOYEES, and AGENTS from any liability or claim. Battle Creek Public School District, OEC, ITS EMPLOYEES, and AGENTS will not assume responsibility for any injury or illness incurred while participating in the program or any physically related activity. Certain risks are inherent during participation in these events. Nor will the OEC or its employees or agents be liable for lost or stolen items while participants are using the facilities or are on the premises. I release and waive all claims against the Battle Creek Public School District, OEC, ITS EMPLOYEES, and AGENTS from any and all injuries or damages I may suffer as a result of my participation in the activity. I agree to indemnify and hold the Battle Creek Public School District, OEC, ITS EMPLOYEES, and AGENTS harmless from any claims.

Printed Name of PARTICIPANT \_\_\_\_\_

PARTICIPANT Signature \_\_\_\_\_ Date \_\_\_\_\_

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