

ROTARY DISTRICT 6490 - ROTARY YOUTH LEADERSHIP AWARD APPLICATION
April 23, 2022 8 am – 6 pm, Allerton Park 4-H Camp \$80 PER ATTENDEE

Sponsoring Rotary Club: _____

Name: _____ Date of Birth _____ Male _ Female _

Address: _____ City: _____ Zip _____

Email address: _____

Parent: _____

Home Phone: _____ Cell Phone: _____

Name of and Phone Number of Emergency Contact if parent or guardian is unavailable:

Name of High School: _____ Grade in School: _____

Special Considerations (food allergies, current medications, vegetarian, etc.)

Please list school interests, activities, achievements:

Please list hobbies: _____

What do you hope to gain by your involvement in RYLA? _____

Signature of Applicant: _____ Date: _____

MAIL CAMP APPLICATION AND FEE TO:
DISTRICT 6490 CAMP
C/O ROXANNE JOHNSTON
425 S. GARRARD
RANTOUL, IL 61866

**EMERGENCY MEDICAL CARE
AUTHORIZATION
ROTARY YOUTH LEADERSHIP AWARDS CAMP**

MEDICAL CONSENT You MUST complete this section for attendance.

Treatment Authorization Release	
Participant/Parent/Guardian Authorization: In registering for this camp, the participant/parent/guardian authorizes RYLA to secure medical treatment for this camper in case of any illness or accident for which the camp chair feels professional medical attention is required. I hereby give permission to the physician selected by the camp chair to hospitalize, secure property treatment for, and or injection, anesthesia or surgery for me or my child.	

Signature of Participant (if legal age)/Parent/Guardian	Date
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Print Full Name	Relationship to Camper:
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Medical Authorization Release	
All medications, including over-the-counter, must be turned into the camp chair at check-in.	
If authorized below, all prescription medications will be administered during the event by the camp chair or chaperones. I also authorize that the camper may be given Ibuprofen or acetaminophen (provided by the camp) if needed.	
Treatments such as inhalers, bee sting kits, etc. may be self-administered under supervision of staff.	
I further release RYLA and individual members thereof, its employees and volunteers, be indemnified and held harmless from any and all claims arising from administration of said medication.	

Signature of Participant (if legal age)/Parent/Guardian	Date:
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Print Full Name	Relationship to Camper:
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Insurance	
Name of Health Insurance Carrier:	Policy Number:
Type of Policy:	Name of Policy Holder:

Allergies	
The following information must be filled in by the parent/guardian. The intent of this information is to provide camp personnel the background to provide appropriate care. Keep a copy of the completed form for your records. If the information changes, this section should be supplemented and given to the camp chair at check-in. Provide complete information so the camp can be aware of your needs.	
Allergies:	
List All Known	Describe reaction and management of reaction

General Information
Is there anything unusual or special we should know about to be able to properly care for camper?

PARENTAL CONSENT

, has my/our permission to participate in the Rotary Youth Leadership Awards Camp. I/We understand that neither Rotary International, Rotary District 6490, the host Rotary Club, nor individuals sponsoring Rotary Clubs shall be in any case, or under any circumstances, liable for any illness, injury, or damage or loss of property incurred by any Rotary Youth Leadership awardee during the camp. I understand that the awardee **will** attend the entire program.

It is strongly urged that all participants verify their own personal health and/or life insurance coverage during the time of the camp. See attached Medical Emergency Care Authorization.

Signature of Applicant	Signature of Parent/Guardian	Date

Endorsement by School Principal

I hereby certify that the student making this application has performed well in school, and is, to the best of my knowledge, of high moral character. This student has shown potential for leadership and **will** benefit from this program.

Principal - typed or printed	Principal - signature
Name of High School	Date

Nominating Rotary Club Endorsement

Rotary Club:	Date:
RYLA Contact:	
Street Address:	
City:	Zip: Email:
Primary Phone:	Secondary Phone:
Was the Student interviewed by the nominating Rotary Club? Yes No	

District 6490 RYLA Camp
c/o Roxanne Johnston
425 S Garrard
Rantoul, IL 61866

If you have questions, please contact
Roxanne Johnston
217-714-4322
Roxanne.johnston@gmail.com