

**ROTARY DISTRICT 6490 - ROTARY YOUTH LEADERSHIP AWARD APPLICATION****Dates for Camp:** \_\_\_\_\_**Early Bird Deadline:** \_\_\_\_\_**FINAL Application Deadline:** \_\_\_\_\_***PLEASE PRINT LEGIBLY******Sponsoring Rotary Club:*** \_\_\_\_\_

Name:

CIRCLE ONE:

Male

Female

Date of Birth:

Address:

City:

Zip:

***Email(s) we can send letter with camp information to. Please check one week after deadline:***

Student: \_\_\_\_\_

Parent: \_\_\_\_\_

Parent(s) or Guardian's Name(s): \_\_\_\_\_

Home Phone (NAME): \_\_\_\_\_

Cell Phone (NAME): \_\_\_\_\_

Other Phone (NAME): \_\_\_\_\_

Other Phone (NAME): \_\_\_\_\_

Other Phone (NAME): \_\_\_\_\_

Name of Emergency Contact if parent or guardian are not available: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Grade in School? CIRCLE ONE

10

11

12

Approximate GPA: \_\_\_\_\_

Shirt Size - CIRCLE ONE:

S

M

L

XL

XXL

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

Please list school interests, activities and achievements: \_\_\_\_\_

Please list non-academic interests, youth group participation and leadership roles: \_\_\_\_\_

Please list hobbies (music, art, swimming, golf, etc.): \_\_\_\_\_

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

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**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

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Relationship to Camper:

**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:

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Relationship to Camper:

**Insurance**

\_\_\_\_\_  
Name of Health Insurance Carrier:

\_\_\_\_\_  
Policy Number:

\_\_\_\_\_  
Type of Policy:

\_\_\_\_\_  
Name of Policy Holder:

\_\_\_\_\_  
Parent/Guardian SSN:

**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		

**EARLY BIRD DEADLINE** Feb. 28, 2020      **Save \$10 per participant)**

**FINAL DEADLINE:**      March 17, 2020

**Payment, Camp Application, U of I Waiver and Club Endorsement must be turned in.**

**Due to the ordering of supplies, applications MUST BE POSTMARKED by**

It is recommended that clubs ask Juniors and Seniors to pay \$50 towards the camp.

The participants must attend all weekend to get the most out of the program.

\$50 will be kept for participants that are no shows that have not called in before      **March 29, 2019**

Each Rotary Club must send a check for \$165 per participant payable and addressed to:

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