



What is RYLA? – Info Sheet for Students/Parents

2024 **R**OTARY **Y**OUTH **L**EADERSHIP **A**WARDS

Friday October 18– Sunday, October 20, 2024

RYLA is a Rotary sponsored youth leadership training program for high school age students. Each year more than 9,000 young people are sponsored in RYLA programs by Rotary clubs in over 25 countries. Rotarians provide the RYLA program FREE to all participating students.

Rotary District 6580 sponsors its annual RYLA program at **Bradford Woods**, which is owned and operated by Indiana University and is located in rural Morgan County. The RYLA program takes full advantage of the beautiful, wooded setting. Under the guidance of trained facilitators at Bradford Woods, RYLA participants gain valuable leadership skills through a variety of adventurous "learn by doing" opportunities.

RYLA participants sleep in modern cabins and spend most of their day in the outdoor setting. Daily activities are a part of the Bradford Woods Outdoor Challenge Education Program. Some of the activities are only inches from the ground while others are a bit more daring. All require the participants to take a risk, give 100% and be a supportive member of a team. All RYLA students grow in self confidence, gain insights into positive group behaviors and interactions, develop leadership skills, make a lot of new friends, and have a lot of fun in the process.

Objectives of the Rotary Youth Leadership Awards Program

- To acquaint RYLA participants with the fundamentals of Rotary's motto of "Service Above Self" and further demonstrate Rotary's respect, support and concern for youth. Rotary believes that "Youth are the future!"
- To encourage and assist selected youth who demonstrate leadership potential in methods of responsible and effective voluntary youth leadership by providing them with a unique training and personal growth experience.
- To encourage continued and strengthened leadership for youth by youth.
- To publicly recognize the capabilities and attributes of many young people who are rendering a service to their communities as youth leaders, and who hold great potential as future leaders in their own communities.

Responsibilities of Participating Teens

Local Rotary Clubs make all arrangements and pay all RYLA program fees, so it is imperative that registered students make the commitment to attend RYLA for the entire weekend. Potential RYLA participants should check the dates carefully before committing to the program. The only other requirement is to come with an open mind and a desire to learn and have fun!

If you have any questions about RYLA 2022, please contact Bryan Horsman, RYLA District 6580 Chair at bryanhorsman@gmail.com (574-312-5112) or Mandy Jo Lohrum, District Governor 6580 at mandylohrum6580@gmail.com (812-756-0934). For RYLA inquiries in the Bloomington area, please contact Bloomington Rotary Club Youth Services Chair JOY HARTER at joytracy9@gmail.com or cell phone (812)-320-2543.



2024 RYLA TO-DO CHECKLIST FOR DISTRICT 6580 CLUBS

RYLA is: Friday October 18 – Sunday, October 20, 2024

- ✓ **Send completed 2022 Club Commitment Form to Bryan Horsman, RYLA District Chair by due date of September 6, 2024 (Bryan’s mailing/email addresses is on the Club Commitment Form)**
- ✓ **Also Send Check for Participant Registration Fees to Loren no later than September 30, 2024 (make RYLA checks payable to *Rotary District 6580*). Cost is \$250 per participant.**
- ✓ **RYLA Paperwork Packet (5 documents total) must be completed by each participating student (and his/her parent) and submitted to Bryan no later than September 30, 2024. Parent must sign as responsible party. RYLA Paperwork Packet is available for copy or download on the District Website. To access RYLA documents on our District Website, go to www.rotary6580.org, click on “Programs” then click on “Rotary Youth Leadership Awards.”**
2024 RYLA Paperwork Packet includes the following 5 Documents:
 - 1) 2024 RYLA Application (1 page) – both student and parent sign
 - 2) Participant Medical Form (1 page) – parent signs
 - 3) Bradford Woods Global Release (1 page) - parent signs
 - 4) Rotary Photo Release Form (1 page) - both student and parent sign
 - 5) Rules to Abide by While at RYLA Form (1 page) –both student and parent sign
- ✓ **Make direct contact with your local Interact Clubs and/or high school guidance counselors to spread the word about RYLA and to encourage students to participate and sign-up. Share the “WHAT is RYLA” info sheet with students, parents, teachers, counselors, etc.**
- ✓ **Submit the participants’ completed and signed application and other paperwork by the due date of September 30, 2024.**
- ✓ **Consider volunteering or serving as a chaperone for this year’s RYLA! Contact Loren if you would like to help with this year’s RYLA! You won’t regret it!**
- ✓ **Contact RYLA District Chair Bryan Horsman with any questions! Bryan can be reached at bryanhorsman@gmail.com (574-312-5112) or Mandy Jo Lohrum, District Governor 6580 at mandylohrum6580@gmail.com (812-756-0934). Let us know how we can help!**



2024 RYLA Club Commitment Form

Please complete this form if your Club is sponsoring students in this year’s District 6580 RYLA Program.

This year’s RYLA will take place at Bradford Woods, Friday, October 18 – Sunday October 20, 2024.

Name of Rotary Club: _____

Number of students your club is sponsoring at RYLA: _____

Club President _____

Email _____ Phone _____

The RYLA Contact Person for our club is _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening or Cell _____

Email _____

Registration fee: \$250/student (please make checks payable to Rotary District 6580)

**Please return this Commitment Form to the below address by September 6, 2024:
Registration Fee/Checks due to the same address No Later than September 30, 2024
Matthew Lindsey
PO Box 1355
*Vincennes, IN 47591***

If you have questions, please contact Bryan Horsman, RYLA District 6580 Chair at bryanhorsman@gmail.com (574-312-5112) or Mandy Jo Lohrum, District Governor 6580 at mandylohrum6580@gmail.com (812-756-0934).

2024 APPLICATION

Are you a returning RYLA participant?? Yes No
What year(s)? _____

Sponsoring Rotary Club: _____
(MUST BE FILLED IN TO IDENTIFY STUDENT'S SPONSORING CLUB)

(PLEASE PRINT LEGIBLY!!!)

Student's Name _____ Male _____ Female _____

Address _____ Cell Phone _____

City _____ Zip _____ Grade in School _____

School Name _____

E-Mail Address _____

Parent's Name _____ Parent's Cell Phone _____

T-Shirt Size: (circle one) Small Medium Large Extra Large XX Large

Are you a member of an **Interact Club**? Yes No

If yes, name and location of club _____

Please list all extra-curricular activities you are involved in, both school and non-school activities:

Please explain why you want to participate in this year's RYLA program:

I understand that a local Rotary Club pays for me to attend RYLA. I will attend RYLA from Friday afternoon, October 18 through Sunday, October 20, 2024. I will not have any other commitments during the RYLA weekend that will conflict with these dates. If an emergency arises that will prevent me from attending RYLA, I will contact the sponsoring Rotary Club contact person immediately.

Student Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

FORMS TO BE COMPLETED and SIGNED: 1) RYLA Application, 2) Participant Medical Form, 3) Bradford Woods Global Release, 4) RYLA Rules Form 5) Rotary/RYLA Photo Release Form. SUBMIT all (5) forms to the Rotary Club RYLA Coordinator or to the School Counselor/Teacher that provided you with the Application packet. ALL of your completed RYLA forms must be submitted to your local RYLA Contact Person no later than Monday, September 30, 2024.

If you have questions, please contact Bryan Horsman, RYLA District 6580 Chair at bryanhorsman@gmail.com (574-312-5112) or Mandy Jo Lohrum, District Governor 6580 at mandylohrum6580@gmail.com (812-756-0934).



2024 RYLA Rules

Every student who attends RYLA must recognize that there are important rules to be followed while at RYLA. While there may be other rules explained to you at RYLA, the rules listed below are those that each participant **MUST** understand before arriving at RYLA. Please sign below that you and your parent understand the following rules that are in place to make your weekend at RYLA a wonderful experience for everyone.

- 1) **NO** boys in the girls' cabins at any time. **NO** girls in the boys' cabins at any time.
- 2) The packing list states to leave cell phones at home. Although most students do bring their cell phones, cell phones are **not** to be used for social calls or texting during any RYLA activities. If a phone call needs to be made, a chaperone must be notified of the situation and need for the call.
- 3) If a student drives a car to RYLA, the student will be **required** to give the car keys to the program director upon arrival. Car keys will be collected and kept until the completion of RYLA on Sunday.
- 4) A violation of any RYLA Rules will result in the participant's parents being contacted immediately to pick up the student and return the student home.

By signing below, I acknowledge that I understand the RYLA rules and that I will comply with these rules during the RYLA weekend.

Signature of student

Date

Printed name of student

Parent or Legal Guardian Signature
(Parent or legal guardian must sign)

Date

Please submit this form and your other completed forms (**RYLA Application, Participant Medical Form, Global Release Form, Rotary Photo Release Form**) to your local Rotary Club RYLA Coordinator, or your School Teacher/Counselor that gave you the Application packet. All forms are due by or before **September 30, 2024**. If you have any questions, please contact Bryan Horsman, RYLA District 6580 Chair at bryanhorsman@gmail.com (574-312-5112) or Mandy Jo Lohrum, District Governor 6580 at mandylohrum6580@gmail.com (812-756-0934).



Rotary



ROTARY YOUTH LEADERSHIP AWARDS

2024 PHOTO RELEASE FORM

**Event: Rotary International - District 6580
RYLA – Rotary Youth Leadership Awards Program
Friday, October 18, 2024 – Sunday, October 20, 2024**

Permission to Use Photographs/Videos

I hereby grant Rotary International, Rotary Clubs of District 6580, their Rotarian members, program personnel of Rotary youth programs (including but not limited to Interact, Rotaract, RYLA and Youth Exchange), and other designated Rotary representatives permission to use my photograph and likeness in any and all Rotary publications, including club and district websites, Facebook page and Twitter account, without payment or any other consideration. I release Rotary International and the Rotary Clubs of District 6580 and its members from any expectation of confidentiality.

I understand and agree that these materials will become the property of Rotary District 6580 or its program personnel, volunteers, associates and designated representatives and will not be returned.

I hereby authorize Rotary International, Rotary Clubs of District 6580, their Rotarian members, program personnel of Rotary youth programs, and other designated Rotary representatives permission to edit, alter, copy, exhibit, distribute, print, publish, electronically or otherwise, the photo(s) and/or video(s) for their own Rotary programs, events, bulletins, advertising, newsletters, websites, or any other lawful purpose. In addition I waive the right to inspect the final product, including spoken, written or electronic copy related to the use of photographs or videos. I agree that Rotary International and the Rotary Clubs of District 6580 may use such photographs of me with or without my name and for any lawful purpose.

I have read and understand the above:

Student's Name (printed) _____

Student's Signature _____ **Date** _____

If the person signing above is under age 21, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the forgoing on behalf of the person named above.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ **Date** _____



Participant Release Form

Program Name: _____ **Program Dates:** _____

Indiana University, through its Bradford Woods programs (hereinafter referred to as University), manages and conducts adventure and outdoor based programs. These activities are supervised by University staff, interns, and school personnel. Although novice skills will be taught and supervised by competent and experienced adult leaders, there is some degree of risk involved in the various activities and the ultimate safety of each participant will depend on the participants' willingness to listen and to abide by the instructions, rules, and regulations given throughout the program.

The safety and well-being of each participant is of paramount importance to Bradford Woods and the professional staff, employees, and trustees of Indiana University. All reasonable care and precautions are taken to ensure a fun educational experience. The following "acknowledgment, assumption of risk and release of claims" is both a requirement of insurance coverage and an important reminder to you as a parent / guardian or participant to be sure that you or your child is properly prepared.

Acknowledgement, Assumption of Risk, and Release of Claims

_____ desires to participate in the program specified above. I understand the program offered through Bradford Woods may include, but is not limited to, the following potential hazardous activities: ground based initiatives, individual and group challenge activities, low, intermediate, and high ropes courses, hiking, camping, backpacking, caving, canoeing, other water based activities, fishing, archery, arts and crafts, environmental nature studies, transportation to and from activity sites and all other activities. The inherent risks of these activities include the following: personal injury, property damage, illness, or death. I understand that Bradford Woods does not require that I participate in the above-mentioned program.

In recognition of the potentially hazardous nature of the elective program, I hereby release and fully discharge The Trustees of Indiana University, including its officers, agents, and employees, and Bradford Woods, from any and all claims or causes of action that may be brought by me, my child, or by any other person (including, but not limited to, my estate, family, successors, heirs, representatives, administrators, and/or assigns), including all liability for damage to personal property, personal injury or loss arising out of or related to my or my child's participation in the program, whether caused by IU or Bradford Woods' negligence or otherwise, to the fullest extent permitted by law. I further agree to hold harmless and indemnify The Trustees of Indiana University, Bradford Woods and their agents for all defense costs, including attorney fees, and any other costs resulting in connection with my participation in this program.

I understand that this release also relates to all claims and liability resulting during or after the program arising from a pre-existing medical condition. I have read and completed the medical history form provided by Bradford Woods and accept full responsibility for omissions or errors on the medical history form. I further understand that this release relates to all claims and liability resulting from unforeseen or intemperate weather. I have read the clothing list provided by Bradford Woods and accept full responsibility for inadequate clothing provided by me or those items which I fail to provide.

I have read this entire "acknowledgement and assumption of risk and release of claims" and fully understand the contents. My signature indicates that I have satisfied my questions and concerns regarding the above-mentioned program by talking with a representative of Bradford Woods and that I agree to the above terms.

Participant signature (Legal guardian's signature if participant is under the age of 18)

Date

Medical Services Permission Release

During participation in a Bradford Woods program, the Trustees of Indiana University, its agents, servants, and employees are hereby authorized to provide and secure any medical services, and authorize the diagnosis and treatment (including, but not limited to, surgery and the administering of anesthesia) of any injury or illness as in its judgment is necessary or advisable for me or my child.

I hereby agree that the MEDICAL HISTORY provided is true to my knowledge. I declare that I have read and understand the contents of the MEDICAL SERVICES PERMISSION and I am signing this as my free and voluntary act, irrevocably binding myself and my heirs.

Participant signature
(Legal guardian's signature if participant is under the age of 18)

Date

Photo Release

I hereby grant the University permission to take photographs, video recordings, and/or sound recordings of myself or my child. I grant the University permission to use the negatives, prints, motion pictures, video tapings, or any other reproduction of the same for educational and promotional purposes in manuals, on flyers, on the internet, or in any other manner deemed necessary. I declare that I have read and understand the contents of this PHOTOGRAPHIC RELEASE, and I am signing this as my free and voluntary act, irrevocably binding myself and my heirs.

Participant signature
(Legal guardian's signature if participant is under the age of 18)

Date

Bradford Woods Medical Form

Please fill out this form thoroughly. We will use the information provided to plan a safe and enjoyable experience. This also serves as a helpful reminder to you of physical precautions and care you may need to take because of previous injuries and other physical conditions. Any information disclosed on this form will remain confidential.

Participant Name: _____ Male Female DOB: _____

Address _____

City _____ State _____ Zip _____ Phone _____

In case of emergency, notify (name): _____ Relationship to participant: _____

Address _____

City _____ State _____ Zip _____ Phone _____

Name of Physician: _____ Phone _____

Physician's Address _____

Insurance Company _____ Policy Number _____

Medical Information: Blood Type (if known): _____ Height: _____ Weight: _____

Allergies (describe reaction): _____

Specific Dietary Needs: _____

Current medications (name, dosage, reason for taking): _____

Please list any special conditions you are aware of or have been told by a physician that we should be aware of (i.e. injuries, medical diagnosis, past surgeries, arthritis, asthma, heart disease, high blood pressure, pregnancy, etc.)



STUDENT PACKING LIST

Residential Programming (Cabin Lodging)

2024 RYLA: Friday October 18- Sunday October 20

Please realize that you will be outside for the majority of each day and parts of some evenings. Anything you wear may become stained with mud, grass, or any other materials that are found in nature!

Due to the unpredictable nature of weather in Indiana, it is imperative that each person **BE PREPARED** for all possibilities...*hot, cold, wet, sunny or cloudy days!!!*

Please leave all valuable jewelry and watches at home. You will be asked to take these items off during various activities to insure your personal safety and security of your valuables.

ESSENTIAL PERSONAL GEAR FOR SUMMER

- Water Bottle (1-2 totaling at least 1 Liter)
- CLOSED-TOE shoes (1-2 pair hiking boots, tennis shoes, one pair that can get wet!)
*****Closed-toe shoes must be worn during all Bradford Woods led activities*****
- Socks (3-5)
- Undergarments (whatever you will need)
- T-shirts (3-5)
- Long Sleeve Shirt (1-2)
- Sweatshirt or Sweater (1-2)
- Jacket (1)
- Shorts (2-4)
- Long Pants (1-2)
- Rain Coat or Poncho (we're outside rain or shine ☺)
- Sun Hat
- Sunscreen (15-30+)

ADDITIONAL ESSENTIAL GEAR FOR LATE FALL THROUGH EARLY SPRING

- Wool or Synthetic Socks (3-5)
- Warm Jacket (1)
- Thermal Underwear or pants/tops you can layer (1-2)
- Warm Hat (2)
- Gloves or Mittens (1-2)

(over)

ITEMS FOR THE CABIN/TENT:

Sleeping Bag or Sheets & Blankets
Pillow
Pajamas
Personal Toiletries (comb, toothbrush, toothpaste, shampoo, soap, etc.)
Towel
Alarm clock
Slippers

OPTIONAL ITEMS

Day pack (to carry all this stuff)
Notebook (fits in a pocket)
Pen or Pencil
Camera
Small flashlight or headlamp (extra batteries)
Lip Balm
Extra Glasses/Contacts
NON – Aerosol Bug repellent

ITEMS TO STAY AT HOME:

And all Electronic devices (cell phones allowed)
Food, gum, candy, etc.
Pocket knives, Multi-tools
Weapons of any kind
Jewelry, expensive watches, etc.
Anything that is expensive or of sentimental value that you would rather not take the risk of losing

IN COMPLIANCE WITH INDIANA STATE LAW, IT IS ILLEGAL FOR PARTICIPANTS UNDER 18 YEARS OF AGE TO BRING CIGARETTES, ALCOHOL, CHEWING TOBACCO.

IT IS ILLEGAL FOR PARTICIPANTS TO BRING WEAPONS OF ANY KIND, ILLEGAL DRUGS and/or ALCOHOL ON THE PROPERTY

BRADFORD WOODS IS NOT RESPONSIBLE FOR LOST, STOLEN, OR MISSING ITEMS.