



Date Payment Received:	_____
Check #	_____
<i>Please note: Make Check to Rotary District 6670</i>	

## RYLA Application Form

Student Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (mobile) \_\_\_\_\_

Email \_\_\_\_\_

High School \_\_\_\_\_ Grade \_\_\_\_\_

Does your school have an Interact Club?    Yes    No

If "Yes", are you a member? \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address (if different) \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (mobile) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address (if different) \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (mobile) \_\_\_\_\_

### Student Portfolio:

Special Interests and Talents: \_\_\_\_\_

Awards: \_\_\_\_\_

Extracurricular Activities:  
\_\_\_\_\_

Leadership Positions:  
\_\_\_\_\_

Future Profession: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Sponsoring Club:</b> _____
Club RYLA Chair: _____
Email: _____
Phone: _____ Mobile: _____

# HEALTH FORM

(Complete legibly upon being selected)

## Rotary Youth Leadership Awards

Rotary District 6670  
Southwest Ohio

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

If parent/guardian is not available, notify:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Health History** (to be completed by parent). Please give approximate dates:

Disorders/Diseases:

Ear infections \_\_\_\_\_

Heart defect/disease \_\_\_\_\_

Convulsions \_\_\_\_\_

Diabetes \_\_\_\_\_

Bleeding disorders \_\_\_\_\_

Epilepsy \_\_\_\_\_

Tonsillitis \_\_\_\_\_

Mononucleosis \_\_\_\_\_

Rheumatic Fever \_\_\_\_\_

Chicken Pox \_\_\_\_\_

Measles \_\_\_\_\_

German Measles \_\_\_\_\_

Mumps \_\_\_\_\_

Asthma \_\_\_\_\_

Strep Throat \_\_\_\_\_

Other disorders \_\_\_\_\_

Allergies:

Hay Fever \_\_\_\_\_

Poison Ivy \_\_\_\_\_

Insect stings \_\_\_\_\_

Penicillin \_\_\_\_\_

Other drugs \_\_\_\_\_

Foods \_\_\_\_\_

Foods \_\_\_\_\_

Other \_\_\_\_\_

Operations or serious injuries (include dates): \_\_\_\_\_

Chronic or recurring illnesses: \_\_\_\_\_

Other diseases or details of above: \_\_\_\_\_

List medications: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Dentist/Orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

Family medical/hospital insurance carrier: \_\_\_\_\_

Policy number: \_\_\_\_\_

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**IMPORTANT: Must be completed for attendance:**

Parent's Authorization: This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted by me and the examining physician.

I hereby give permission to the physician selected by the camp director to order x-rays, routine tests and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and /or surgery for my child as named above.

I also give permission for Rotary or Camp Kern to use photos or videos of myself/my child for promotional purposes in print, DVD, or on the website.

Parent/Guardian Signature: \_\_\_\_\_

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

**Camp Kern Activities Acknowledgment, Liability Waiver & Release Agreement**

**RELEASE:** In consideration of services or property provided, Participant, for myself & any minor children for which Participant is a parent, legal guardian, or otherwise responsible, any heirs, personal representatives or assigns does hereby release the Released Parties for any loss or damage, & any related claims or demands for injury to person or property, including death of any person, whether or not caused by negligence of the Released Parties, & waives any claims Participant may have against Released Parties.

Participant agrees to indemnify, defend, & hold harmless each of the Released Parties from any loss, liability, damage or cost Participant may incur arising from participation in Camp Kern, including but not limited to use of YMCA equipment, regardless of whether such harm is caused by the sole or partial negligence or fault of Released Parties.

Group Name: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Participant Signature: \_\_\_\_\_

Participant Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

If participant is under 18 years of age, a parent/guardian's name, signature & other details are required below:

Parent/Guardian Name / Signature: \_\_\_\_\_ / \_\_\_\_\_

Parent/Guardian Address (if different from above): \_\_\_\_\_

Emergency Contact Name / Contact Number: \_\_\_\_\_ / \_\_\_\_\_

Insurance Carrier or Provider: \_\_\_\_\_

Medical Restrictions / Known allergies: \_\_\_\_\_

**YMCA CAMP KERN PROGRAMS & ACTIVITIES (EXHIBIT A)**

- Pony Ride
- Trail Ride
- Equine Activities
- Paintball
- Archery
- BB Gun Activities
- Canoeing
- Fishing
- Climbing Wall
- Tango Tower
- Obstacle Course
- Mine Shaft
- High Ropes Course
- Giant Swing
- Low Ropes
- Hiking
- Swimming Pool
- Nature Center Interaction with Animals
- Arctic Dash
- Double Zipline
- General camp activities for summer and

