

Rotary Youth Leadership Award

February 27th through March 2, 2025

NAME OF SPONSORING CLUB _____

SPONSORING ROTARY CLUB CONTACT # _____

CLUB PRESIDENT _____

STUDENT APPLICATION FORM

The Rotary Youth Leadership Awards program in District 6880 strives to provide Sophomore and Junior high school students with learning opportunities to develop their character and leadership skills while investing and teaching the Rotary's values through the Four Way Test.

STUDENT- Name as you want it to appear on your certificate if chosen to attend (Please Print):

MAILING ADDRESS _____ CITY _____ ZIP _____

TELEPHONE _____ AGE _____ GENDER _____ HIGH SCHOOL _____

YEAR GRADUATING _____

EMAIL ADDRESS (Please Print) _____

Contact with the student will be made by email – Please make sure this email is legible!!

PARENT EMAIL ADDRESS: _____

PARENT TELEPHONE _____

NAME OF PARENT IN ROTARY (IF APPLICABLE) _____ CLUB _____

GPA: _____ SCHOOL PRINCIPAL: _____

Member of Interact Club: Please Circle **(YES)** or **(NO)**

SCHOOL MAILING ADDRESS _____

T-SHIRT SIZE _____ S M L XL 2XL 3XL Students will be provided one t-shirt.

I WILL NEED TRANSPORTATION TO AND FROM CAMP PROVIDED BY DISTRICT 6880. Please Check **(YES)** or **(NO)**

PARENT/ GUARDIAN-

I give permission for _____ to attend RYLA 2025 at Camp ASCCA, in Jackson's Gap, AL.

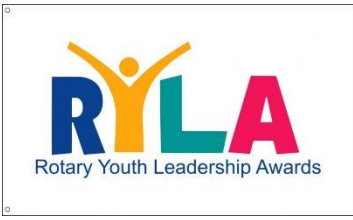
Parent or Guardian
PRINT NAME

Parent or Guardian
SIGNATURE

Date

Send Applications To: **Bob Kelley – RYLA Chair** rylachair6880@gmail.com 334-327-0712

Camp ASCCA website: <https://www.campascca.org> RYLA Link on District Website: <https://www.district6880.org/ryla/>
Or Mail To: 4330 AL HWY 22W, Selma, AL 36701



PARTICIPANT INFORMATION

EDUCATION: AWARDS: LIST THE TOP AWARDS THAT YOU ARE MOST PROUD OF:

PARTICIPATION: List any activities in which you have participated in that you are most proud of:

In three sentences or less, explain what **Service above Self** means to you.

What are your **future plans**?

How do you think you will benefit by **participating in RYLA 2025**?

Whom do you admire most and why?

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CONFERENCE CODE OF CONDUCT

I UNDERSTAND THAT: I have a commitment to attend the RYLA conference and will notify the RYLA Conference Committee immediately should a conflict arise.

1. I may not arrive late or leave the conference earlier than the program schedule.
2. I will be assigned to a student team and an adult team facilitator who will be my primary contact for information, issues, problems, and emergencies.
3. I am responsible for attending all meetings and activities with my team.
4. I must sleep in the room to which I am assigned and respect the lights out at the scheduled time. I will be quiet thereafter.
5. There are separate sleeping areas for males and females. Males ARE NOT allowed in the female sleeping areas at any time and vice versa.
6. Cell phones will only be used during scheduled recreational times. Items used during unauthorized times will be confiscated and returned at the end of the conference.
7. Recreational activities are limited to those periods of the day on the schedule.
8. If any person is injured or becomes ill, I will not move him/ her. I will contact a camp staff member or a Rotarian.
9. I will report any damage or breakage immediately to my team facilitator, or any Rotarian. All participants are responsible for taking care of the camp facilities.
10. Use of tobacco products (this includes E-cigarettes, vape pens, etc.) is prohibited by all students.
11. Any medications, whether prescribed or “over the counter”, must be identified on the container. Unidentified medications found will be confiscated.
12. Alcohol, weapons, and illegal drugs are prohibited. Any of these items found in the possession of any participant will be confiscated. The participant will be immediately dismissed from the conference and reported to the proper law enforcement authority.
13. Foul or abusive language, including anything discriminatory or harassing in nature, will not be tolerated nor will physical violence or threats of physical violence.
14. Any sexual or lewd conduct will be considered unacceptable behavior.
15. I MAY NOT leave the camp area for any reason without the permission of a staff member.
16. Confidentiality is important. Anything I have shared or heard within my group should remain in the group. However, I understand that counselors are mandated by law to report any suicidal or abuse issues to the proper authorities.
17. I am to conduct myself in a manner which will reflect positivity on my school and Rotary International.

I have the Code of Conduct and do hereby agree and commit to honor it. Should my conduct be considered unacceptable at any time, per the discretion of conference officials, or should I violate any of the rules listed above, I understand that I will be dismissed from the conference and will be sent home at my parent’s or guardian’s expense.

Conference Participant Signature

Date


Parent / Guardian Signature

Date



Camp ASCCA

February 27 – March 2, 2025

District 6880
Rotary
Rotary Youth
Leadership Awards
RYLA 

Rotary Youth Leadership Award

TO BE COMPLETED BY THE YOUTH APPLICANT AND PARENT/ GUARDIAN.

**PLEASE PRINT. THIS INFORMATION IS CONFIDENTIAL AND IS ONLY FOR YOUR SAFETY AND EMERGENCIES.
THIS DOCUMENT WILL BE DESTROYED AFTER RYLA IS COMPLETED.**

NAME: _____

PARENT/ GUARDIAN NAMES: _____

STUDENT CELL: _____ PARENT CELL: _____

DATE OF BIRTH: _____ HOME PHONE: _____

ADDRESS: _____

FAMILY DOCTOR: _____ PHONE: _____

ADDRESS: _____

HEALTH INSURANCE POLICY AND GROUP NUMBERS: _____

MEDICAL HISTORY:

1. Do you have any allergies (bees, drugs, foods, etc.)? Explain:

2. Are you taking any medications?

List: Do you have any chronic illnesses (diabetes, epilepsy, asthma, etc.)? Explain:

MEDICAL HISTORY CONTUNUED:



1. Do you have any physical disabilities or conditions that might prevent you from participating in any physical activities? Explain:

2. Special Dietary needs? Explain:

3. Are you currently under the care of a physician? Explain:

4. Do you have any other medical conditions that the camp director should be aware of? Explain:

I acknowledge that the above is true and correct and that I understand that there are no nurses on site, but there are trained Camp Personnel, RYLA Leaders, and RYLA Chaperones with Basic and Advanced First Aid training.

X _____ Student Signature

X _____ Parent/ Guardian Signature

For more information contact:

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LET'S GET READY FOR RYLA 2025



What: Rotary Youth Leadership Awards is an intensive leadership training and conference for high school students. The program will include lectures and discussion periods with skilled, prominent leaders. Students will also participate in group activities, recreation, good food and fellowship.

Who: Sophomore and Junior High School students – Participants are selected and sponsored by their local Rotary club. Rotary members are business and professional leaders who provide humanitarian service, promote high ethical standards and strive to build goodwill and peace in the world.

Where: Camp ASCCA, near Dadeville AL. Participants will stay in camp facilities. Activities will take place on the camp property. Participants are housed in bunkhouse-type buildings.

When: February 27 – March 2, 2025. Participants arrive Thursday afternoon, by 3:00 PM, for registration. RYLA 2025 concludes on Sunday morning following breakfast, an ecumenical prayer service, and final session.

Why: RYLA is an activity sponsored by District 6880 of Rotary, representing some 46 Rotary Clubs in south-central Alabama. These clubs select and sponsor up to 100 young people to meet in an unfamiliar setting to focus on leadership and decision-making skills. We stress the Rotary Four Way Test of things we think, say or do:

1. Is It The Truth?
2. Is It Fair To All Concerned?
3. Will It Build Good Will And Better Friendships?
4. Will It Be Beneficial To All Concerned?

Applications: Applications are available through your local Rotary clubs or through the District 6880 website. Parental or Guardian permission forms will be required for all participants.

Applications are due February 1st. Applications can be submitted via email to **Bob Kelley – RYLA Chair** rylachair6880@gmail.com or given to the Rotary Club sponsoring the student. Once selected by the selection committee, students will be notified of their acceptance with additional information about RYLA 2025.

Expense: There is no cost to any youth. The local, sponsoring Rotary Club pays registration fees. All students should coordinate their transportation arrangements through their Rotary sponsor.

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INFORMATION SHEET

DISTRICT 6880 - RYLA 2025

Camp ASCCA- Easter Seals: A 230-acre facility located on Lake Martin in East Central Alabama near Dadeville.

Location: Signs leading to Camp ASCCA are located between Dadeville and Alexander City on U.S. Highway 280 in Jackson's Gap, AL. Camp ASCCA is approximately 8 miles off U.S. Highway 280.

Housing: Participants stay in modern cabin clusters that have central heating and cooling. The community styled cabins have showers, sinks, and private toilet stalls. All beds are bunks.

Linens: Linens **ARE NOT PROVIDED**. Participants will need to provide their own linens or sleeping bags and pillows. Students **WILL** need to bring their own towels and washcloths.

Dress: Dress is casual. Blue jeans, sweats, and jogging suits are acceptable. Remember, a great deal of time will be spent outside. Closed toed shoes are required for the ropes course. Be sure to bring a jacket. Please dress modestly.

Phone: The camp phone is (256) 825-9226. Office hours are from 8:00 AM until 4:00 PM Monday through Friday.

Pack: Hat, raincoat or poncho, jacket, flashlight, toothbrush, toothpaste, shampoo, sunscreen, towels, and two pairs of shoes—one pair should be closed toed (tennis shoes). Camp ASCCA will not let you participate in the ropes course without them. One plastic garbage bag just in case there are wet items to pack for the ride home. **OPTIONAL:** Gloves. Some students like to have them for the ropes course.

Food: Students are served three nutritious, well-planned meals daily. Snacks and drinks are provided by RYLA sponsors.

Medications: All medications are the responsibility of each individual student.

For more information contact:

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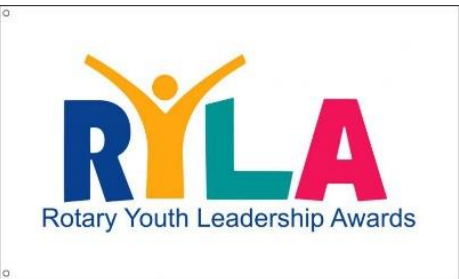


Photo and Video Release

DISTRICT 6880 - RYLA 2025

Rotary Youth Leadership Award

I grant Rotary District 6880, its representatives, and employees the right to take photographs, video and audio recordings of me and my property in connection with my participation in the Rotary Youth Leadership Awards program. I authorize Rotary District 6880, its assigns, and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Rotary District 6880 may use such photographs, video, and audio of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____ Date _____

Printed name _____

Signature, Parent or Guardian _____
(If under 18)

For more information contact:

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Camp ASCCA Photo and Video Release

Easter Seals Camp ASCCA
P. O. Box 21
Jacksons Gap, AL
(256) 825-9226

Permission to Use Photograph, Video and Audio

I grant to Easter Seals Camp ASCCA, its representatives and employees the right to take photographs, video and audio recordings of me and my property in connection with my visit. I authorize Easter Seals Camp ASCCA, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Easter Seals Camp ASCCA may use such photographs, video and audio of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____ Date _____

Printed name _____

Group/Organization/School Name _____

Date(s) of Visit _____

Signature, parent or guardian _____
(if under age 18)



Camp ASCCA Outdoor Adventure Program

Acknowledgement of Risk & Informed Consent Form

(Participant)

(Date)

I hereby acknowledge that the above named participant is voluntarily participating in the Outdoor Adventure program at Easter Seals Camp ASCCA. I understand that there are inherent risks involved in outdoor activities and I give permission for my child or myself to participate in the high/low ropes course. I understand that he/s he/I will be instructed in such areas prior to performance and will be supervised during such performance. If participant is under the age of **18** they must have their parent or legal guardian also sign this document acknowledging consent to participate in the various Outdoor Adventure Activities conducted by Easter Seals Camp ASCCA.

In consideration of the Administrator and/or employees of Easter Seals Camp ASCCA, I do hereby release and forever discharge said Camp from any and all actions, claims and demands for, upon, or by reason of any damage, loss or injury which heretofore have been made or which hereafter may be sustained by my child /children/adult or me in consequence of any accident occurring at said Camp.

I understand that this release/consent form will remain valid until otherwise revoked.

Parent/Guardian: _____

Participant: _____



Camp ASCCA website: <https://www.campascca.org>