

DEADLINE TO APPLY: MARCH 1, 2017

For Administrative Purposes:
Dorm _____
Team _____
Team Leader _____

Rotary Club: _____
Club President: _____
Phone # for Sponsoring Rotary Club Contact: _____

Rotary Youth Leadership Award



STUDENT APPLICATION FORM

Please Print – Good Writing is an Essential Leadership Skill

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 _____

Grade _____ E-mail address _____

Ethnicity (for Camp ASCCA Grant purposes ONLY) _____ County _____

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

School Principal: _____ Member of Interact Club Please Circle (Yes) or (No)

School Mailing Address: _____

What is your cumulative grade point average? _____

To see videos of past RYLA camp experiences checkout our **Facebook** Page - RYLA6880

To follow what happens at camp: **Twitter** – RYLA6880 & **Instagram** – ryla6880

Parent/ Guardian

I give permission for _____ to attend RYLA 2017
March 9, 2017 – March 12, 2017 at Camp ASCCA, Jackson’s Gap, AL.

Parent or Guardian
Printed Name

Parent or Guardian
Signature

Date

Optional **Parent Email Address:** if you would like to be notified when your student is emailed any information, please provide a legible email address.

I will be boarding the bus at one of the specified locations: Yes ____ No ____

IF Yes – A signed permission slip must be signed.

What pickup location would you prefer?

Malbis – Panera Bread Parking Lot ____ March 9, 2017 – 8:00 A.M. Return March 12, 2017 – 5:30 P.M.

Greenville – McDonalds Parking Lot ____ March 9, 2017 – 10:30 A.M. Return March 12, 2017 – 3:00 P.M.

Montgomery – Fresh Market Parking Lot ____ March 9, 2017 Noon Return March 12, 2017 - 1:30 P.M.

EDUCATION:

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

In three sentences or less explain: How you could provide Service to Humanity:

What is your “Gift to the World”?

HOW DO YOU THINK YOU WILL BENEFIT BY PARTICIPATING IN RYLA 2017?

(Please use the back of this sheet if you need additional space).

Who do you admire most and why?

What is your favorite color? _____

What is your favorite author / book? _____

What is your favorite fictional character and why?

Who is your favorite music artist and song?

Who is your favorite actor/actress and why? _____

ASCCA Photo and Video Release

Easter Seals Camp ASCCA
P. O. Box 21
Jacksons Gap, AL

Permission to Use Photograph, Video and Audio

Subject: RYLA

Location: Camp ASCCA, Jackson's Gap, Alabama

I grant 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 the above-identified subject. 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 _____

Printed name _____

Organization Name (if applicable) _____

Address _____

Date _____

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



RYLA YOUTH LEADERSHIP AWARDS CONFERENCE CODE OF CONDUCT

I UNDERSTAND THAT:

1. I have made a commitment to attend the RYLA conference and will notify the RYLA Conference Committee immediately should a conflict arise.
2. I may not arrive late or leave the conference earlier than the program schedule.
3. I will be assigned to a student team and an adult team facilitator will be my primary contact for information, issues, problems, and emergencies.
4. I am responsible for attending all meetings and activities with my team.
5. I must sleep in the room to which I am assigned and respect lights out at the scheduled time. I will be quiet thereafter.
6. There are separate sleeping areas for males and females. Males ARE NOT allowed in the female sleeping areas at any time and vice versa.
7. Portable radios, CD players are permitted only during scheduled recreational times. Items used during unauthorized times will be confiscated and returned at the end of the conference.
8. Recreational activities are limited to those periods of the day on the schedule.
9. If any person is injured or becomes ill, I will not move him/her. I will contact a camp staff member or a Rotarian.
10. 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.
11. Use of tobacco products is prohibited by all students.
12. Any medications, whether prescribed or "over the counter", must be identified on the container. Unidentified medications found will be confiscated.
13. 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.
14. Foul or abusive language, including anything discriminatory or harassing in nature, will not be tolerated nor will physical violence or threats of physical violence.
15. Any sexual or lewd conduct will be considered unacceptable behavior.
16. I MAY NOT leave the camp area for any reason without the permission of the
17. Confidentiality is important. Anything I have shared or heard within by 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.
18. I am to conduct myself in a manner which will reflect positively on my school and Rotary International.

I have read 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

Please complete and return by March 1, 2017 to:
Email: RYLA6880@gmail.com

Or Mail:

Dr. Tracey C. Couling
25551 Lakeland Drive
Loxley, AL 36551



District 6880 - RYLA 2017

MEDICAL INFORMATION & HISTORY

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: _____

3. Do you have any chronic illnesses (diabetes, epilepsy, asthma, etc.)?

Explain: _____

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

Explain: _____

5. Special dietary needs?

Explain: _____

6. Are you currently under the care of a physician?

Explain: _____

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

Explain: _____

X _____

Student Signature

X _____

Parent/Guardian Signature

Please Email: RYLA6880@gmail.com or call 251-379-8352 if you have questions