

Dear RYLA Candidate _____

Congratulations!

You have been selected to attend RYLA from April 4 - April 7, 2019 at the Lake Placid Camp and Conference Center in Lake Placid Florida.

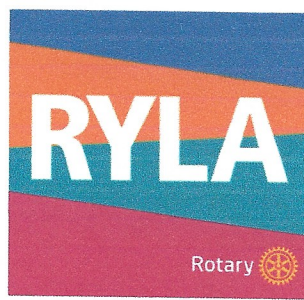
Please submit the attached forms to RYLA Chair, Tom Norton, by January 7, 2019 to complete your registration.

Tom Norton
219 69th Street NW
Bradenton, FL 34209
941.284.9684
tom.rotary6960@gmail.com

We hope you enjoy RYLA!

Forms to submit:

- RYLA Candidate Application
- RYLA Health Statement Form
- RYLA Hold Harmless and Media Permission Agreement
- RYLA 2017 Emergency Information



**Rotary Youth Leadership Awards
A Leadership Program for 9th and 10th Graders
April 4-7, 2019
Lake Placid Camp and Conference Center**

Candidate Application

Applicant - Complete the form below. Please bring a copy to your scheduled interview.

Last Name _____ First _____ Middle _____

Nickname _____ Current Age _____ Current Grade _____ Female _____ Male _____

Address _____ City and ZIP _____

E-Mail _____ @ _____

Cell Phone _____ Home Phone _____

T-Shirt Size – Circle One: Small Medium Large X large XX Large

Does your school have an Interact Club? _____ If Yes, are you a member? _____

Academic Accomplishments: (Honor Roll, Awards, Accelerated/Special Classes)

Other School Activities and Recognitions: (Positions held and responsibilities undertaken)

Outside School Interests, Hobbies and Recreation:

Work Experience:

Is additional space is needed, attach a separate sheet with your name on it.

Lake Placid Camp and Conference Center HEALTH STATEMENT FORM

The proposed activity provided by Lake Placid Camp and Conference Center requires participation in physical exercises, which are, by their nature, physically demanding. Many of the activities will challenge you, cause surges in blood pressure and pulse rates. It is imperative that you are free of any heart related or other diseases. Therefore, all participants must be free of medical or physical condition which might create undue risks to themselves or any others that depend on them. Good physical condition will increase your enjoyment of outdoor activities. If there is any doubt about your ability to safely participate in this experience, you should consult a physician for a complete examination.

Please fill this form out to the best of your knowledge.

Name: _____ Birth Date: _____
 Address: _____ Gender: _____
 City, State, Zip: _____ Age: _____
 Phone: _____
 Name of Physician: _____ Date of last physical: _____
 In case of emergency, notify: _____ Relation: _____
 Home Address: _____ Home Phone: _____
 City, State, Zip: _____ Work Phone: _____

Health History (Circle the appropriate answer and describe any **YES** answers:

- | | | | | | |
|---|-----------|------|------|------|----------------------|
| 1. Have you had or do you currently have any heart problems (dates)? | Yes | No | | | |
| 2. Do you frequently suffer from pains in your chest? | Yes | No | | | |
| 3. Do you often feel faint or spells of severe dizziness? | Yes | No | | | |
| 4. Has a doctor ever told you that you have high blood pressure? | Yes | No | | | |
| 5. Are you a smoker?
If yes, how many packs per day? _____ | Yes | No | | | |
| <i>(NOTE: IF YOU HAVE EVER HAD ANY HEART RELATED PROBLEMS YOU WILL NEED TO HAVE A RELEASE FROM A PHYSICIAN IN ORDER TO GO THROUGH A HIGH ELEMENT TRAINING.)</i> | | | | | |
| 6. Do you have arthritis joint or back problems that might be aggravated by exercise? | Yes | No | | | |
| 7. Have you had any operations, organ transplants, or serious injuries (dates)? | Yes | No | | | |
| 8. Do you have any disabilities or chronic recurring illness? | Yes | No | | | |
| 9. Are there any activities to be limited/discouraged by physician's advice? | Yes | No | | | |
| 10. Are you allergic to any medications, insects or pollen? (Do you have an Eppy Pen?) | Yes | No | | | |
| 11. Do you have Epilepsy? | Yes | No | | | |
| 12. Do you have Diabetes? | Yes | No | | | |
| 13. Do you have any prescribed meal plan or dietary restrictions? | Yes | No | | | |
| 14. Are you currently sick and/or using medication that is not listed above? | Yes | No | | | |
| 15. Do you carry family medical/hospital insurance? | Yes | No | | | |
| 16. Carrier: _____ Policy #: _____ | | | | | |
| 17. Suggestions or health related information for LPCCC personnel: | | | | | |
| 18. General Health Statement: I am in | EXCELLENT | GOOD | FAIR | POOR | health. (Circle one) |
- Explain: _____

REPRESENTATION AND EMERGENCY AUTHORIZATION

This health history is correct so far as I know, and believe that my health is satisfactory for participating in challenge course activities. I hereby give permission to the medical personnel selected by LPCCC to order injections and/or anesthesia and/or surgery for me. Such authorization for emergency treatment shall also include, but not limited to; charges incurred for the providing of aid and arranging evacuation if LPCCC or its agents determined that such evacuation is necessary or desirable. I further agree to assume responsibility for the costs of any specialized means of evacuation and of any medical care. I release all personnel from any claim whatsoever on account of first aid, treatment or service, whether deemed negligent or otherwise, rendered me during participation in ropes courses/rock climbing/zip line.

Signature of Participant: _____ Date: _____
 Witness: _____

Rotary Youth Leadership Awards

Rotary District 6960

Hold Harmless and Media Permission Agreement

I understand that participation in the activities involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived, after carefully considering the risk involved, and in view of the fact that the Rotary Youth Leadership Awards program of Rotary International /District 6960 are groups in which membership is voluntary, I have carefully considered the risk involved and have given consent for myself (or my son or daughter) to participate in the activity, and waive all claims I or we may have against Rotary International, District 6960, the District RYLA Committee, & Lake Placid Conference Center, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activities.

I am not under the influence of any chemical substance, including alcohol. Understanding that any physical activity involves a risk of injury, I understand that my participation in the activity is entirely voluntary. I release Rotary International, District 6960, the District RYLA Committee, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activities from any and all claims or liability arising out of this participation. This release does not, however, apply to any harm caused by negligence or willful misconduct of Rotary District 6960, & Lake Placid Conference Center or other individuals involved in organizing the event.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Signature of Delegate _____

Signature of Parent or Guardian _____

YES / **NO** I give my permission for my son or daughter's picture (head shot) to be included in a **RYLA Directory**, which may be produced and distributed to attendees of the leadership weekend as well as the Rotary Clubs that sponsored the RYLA Delegate. I, also, give my permission for my son or daughter's contact information and a brief bio to be included in the RYLA 2017 Directory.

YES / **NO** I give my permission for my son or daughter, to be photographed and/or videotaped by the media and representatives of Rotary District 6960 in conjunction with activities associated with Rotary International I, Rotary Youth Leadership Awards program. *I hereby transfer to Rotary District 6960 all copyright and other interests in photographs and/or videotape. I also hereby grant royalty-free permission, including nonexclusive world rights in all languages, to reproduce in all formats including but not limited to print, electronic, and/or CD I DVD media. to reproduce and include my son's or daughter's likeness for promotional purposes of Rotary International, Rotary Youth Leadership Awards program.**

Signature of Parent or Guardian: _____

** Rotary District 6960 is planning to take photographs and video of individual s and activities during the RYLA weekend event. We are hoping to produce print and video materials that we will use to promote RYLA in our District and throughout the Rotary world. In order to create such a production we need your permission to take the photographs prior to the event. We may also give each student a Directory with bio information on the weekend's participants so that the RYLA Delegate can stay connected after the event.*

Rotary Youth Leadership Awards

Rotary District 6960 Emergency Information

We have filled in, signed, and returned the RYLA Health History form for my son/daughter.

RYLArian's Name:

Parent Signature:

In case of emergency, please contact:

Relationship to RYLArian:

Phone #1

Phone #2

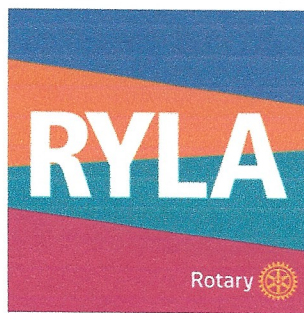
In case we cannot reach the person named above, who is an alternate contact?

Phone #1

Phone #2

Are there any pertinent medical details you feel are important for us to know in order to properly care for your teenager in case of an emergency?

It would be prudent for your son/daughter to bring a copy of any medical insurance coverage documentation he/she might need in the case of an emergency.



Packing List

Delegate! Keep this Packing List for guidance when preparing for RYLA.

This packing list is provided for your preparation for the RYLA event at Lake Placid Camp and Conference Center:

Required Items:

Bed Linens- pillow, blanket, sheets or sleeping bag- Required for all Delegates Towels – including BEACH TOWEL

Suggested Items:

Insect Repellant

Sunglasses Sunblock

Hat

Hair tie or rubber band for delegates with long hair

Toiletries- toothbrush, toothpaste, deodorant, etc.

Underwear

Pajamas

Swimsuit and towel-

Females: One-piece Suits

Males: Knee Length Suits

Shirts- short sleeved shirts, T-shirts - no tank tops Shorts-

Knee Length

Long pants

Closed-toe shoes or sneakers

Cell Phones:

For those who wish to bring cell phones, RYLA cannot be responsible if lost, stolen or damaged.
During activities and programs, phones must be shut off.