

*March 19 – 22, 2020
Lake Placid Camp and Conference Center
2665 Palid View Drive
Lake Placid, FL 33852*

Dear RYLA Candidate _____

Congratulations!

You have been selected to attend RYLA from March 19 -22, 2020 at the Lake Placid Camp and Conference Center in Lake Placid, Florida.

Please submit the attached forms to RYLA Chair, Tom Norton, by December 15th to complete your registration.

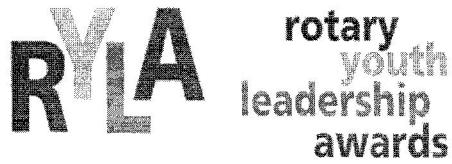
Tom Norton
219 69th St. NW.,
Bradenton, FL 34209
941-284-9684
tom.norton1843@gmail.com

We hope you enjoy RYLA!

Forms to submit RYLA candidate application:

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

A copy of the Packing List and Dress Code is included.



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

Last Name _____ First _____ Middle Initial _____

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

Address _____ City and Zip _____

E-Mail _____ @ _____

Cell Phone _____ Home Phone _____

Please provide your t-shirt size – circle one: Small Medium Large X-Large

What High School do you attend? _____

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:

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

RYLA HEALTH STATEMENT FORM

The proposed activity provided by RYLA at 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 causing 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 conditions 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: _____ Phone: _____
Name of Physician: _____ Date of last physical: _____
In case of emergency notify: _____ Relationship: _____
Home Address: _____ Phone: _____
City, State, Zip: _____ Work Phone: _____

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

1. Do you carry family medical/hospital insurance? Yes No
Carrier: _____ Policy #: _____
2. General Health Statement: I am in EXCELLENT GOOD FAIR POOR health. (Circle one)
3. Have you had or do you currently have any heart problems (dates)? Yes No If YES, dates: _____
4. Do you frequently suffer from pains in your chest? Yes No
5. Do you often feel faint or have spells of severe dizziness? Yes No
6. Has a doctor ever told you that you have high blood pressure? Yes No
7. Do you have arthritis, joint or back problems that might be aggravated by exercise? Yes No
8. Have you had any operations, organ transplants, or serious injuries? Yes No If YES, dates: _____
9. Do you have any disabilities or chronic recurring illness? Yes No
10. Are there any activities to be limited/discouraged on advice of your physician? Yes No
11. Are you allergic to any medications, insects or pollen? Yes No
If YES, do you have an Eppy pen? Yes No
12. Do you have Epilepsy? Yes No
13. Do you have Diabetes? Yes No
14. Do you have any prescribed meal plan or dietary restrictions? Yes No
If YES, describe: _____
15. Are you currently sick and/or using medication that is not listed above? Yes No
If YES, describe: _____

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian _____ Date: _____

Rotary Youth Leadership Awards
March 19 -22, 2020
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: _____

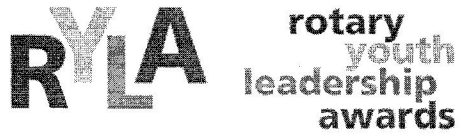
Signature of Parent: _____

YES / NO I give my permission for my son or daughter's picture (headshot) to be included in a **RYLA 2018 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, Rotary Youth Leadership Awards program. *I hereby transfer to Rotary District 6960 all copyright and other interests in photographs and/or videotape taken on between April 12-April 15 2018. 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 / 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: _____

** Rotary District 6960 is planning to take photographs and video of individuals 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.*



March 19 – 22, 2020
Rotary District 6960
Emergency Information

Student's Name:

Parent Signature:

In case of emergency, please contact:

Relationship to Student:

Phone #1

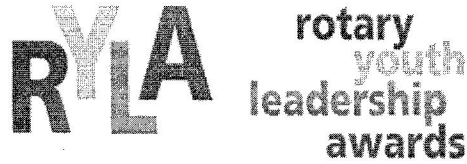
Phone #2

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?



Packing List and Dress Code

Required Items:

- Bedding – pillow, blanket, sheets or sleeping bag
- Hand towel, wash cloth, bath towel/beach towel
- Toiletries – toothbrush, toothpaste, deodorant, soap, shampoo, etc.
- Underwear
- Pajamas
- Closed toe shoes or sneakers

Suggested Items:

- Insect Repellent
- Sunglasses
- Sunscreen
- Hat
- Hair tie or rubber band for delegates with long hair
- Swimsuit – Females: One piece suits
Males: Knee length suits

Dress Code

RYLA Delegates will be issued 3 t-shirts to be worn at all times.

Females:

Skirts and shorts that are a reasonable, appropriate length (defined as no shorter than above the tips of the fingers, with arms and hands extended straight down).

Form-fitting or excessively tight-fitting skirts, shorts, and pants (to include leggings, jeggings, or clothing made from materials such as spandex or Lycra) are prohibited.

Males:

Pants, jeans, and shorts that are reasonable, appropriate length (defined as no shorter than above the tips of the fingers, with arms and hands extended straight down). Spandex-type trouser or shorts are prohibited.

Cutoff pants, shorts, or skirts and clothing with frays, holes, cuts, or slits are prohibited for males and females.

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.