



ROTARY OUTSTANDING VOCATIONAL AWARD LEADERSHIP CAMP

Note to Advisor/Chaperones

For your information, please view attached information sheet including rules of conduct sent to all students. The instructional rules were intended for the student participant. Also, please fill out the two attached forms and return as instructed.

Memorandum

To: Attendees of Leadership Camp and their Parents or Guardians

From: Tracy Becker, ROVA Chairperson

Date: February 14, 2023

Subject: **ROVA Leadership Camp,
on Sunday, May 21 & Monday, May 22
Camp Nazareth Retreat and Conference Center, 339 Pew Road, Mercer, PA 16137
(724) 662-4840**

A. Items you need to bring to Camp

1. Sleeping bag or blankets and pillow
2. Toiletries – toothpaste, soap, toothbrush, etc.
3. Towels and washcloths
4. Warm clothing (hat, gloves)
5. Outside footwear (At least 2 pairs)
6. Several changes of clothing (especially if it is wet)

B. Do **NOT** bring:

1. Radios, walkmen, televisions, cell phones, pagers, or any electric devices; however, you **may** bring small board games, cards, etc.
2. Food or drink

C. Rules of proper school conduct will be observed. Failure to comply will result in parents or guardians being contacted to come to Camp Nazareth Retreat and Conference Center and take their child.

D. In case of emergency, the telephone number at the Camp Nazareth is (724) 662-4840.

E. Participants should check with the School to confirm travel arrangements. Participants please arrive at Camp Nazareth by 12 Noon on Sunday, May 21. Lunch will be provided. Pick-up at Camp Nazareth will be at 12:30 p.m. on Monday, May 22, 2023. Lunch will also be provided.



ROVA

ROTARY OUTSTANDING VOCATIONAL AWARD LEADERSHIP CAMP

Instructions and Rules of Conduct Practices/Procedures for ROVA Participants

ROVA requires each participant attending the Rotary Leadership Camp on **SUNDAY, MAY 21 & MONDAY, MAY 22, 2023** at Camp Nazareth Retreat and Conference Center to complete the attached forms for attendance requirements and **return to School**

Attn. _____, by **THURSDAY, April 27, 2023**

Forms to return:

1. Permission and Emergency Contact
2. Medical Information Form

Rules for Participants

1. The term "participant" shall mean ROVA member, including advisors.
2. There shall be no defacing of public property. Damage to any property or furnishing in the dorm room/building must be paid for by the individual.
3. Participants shall keep their adult advisors informed of their activities and whereabouts at all times. Participants are not to leave the Camp Nazareth grounds.
4. Participants shall be prompt and prepared for all activities.
5. All participants will spend the night in their assigned dorm room.
6. No alcoholic beverages, narcotics, or tobacco products in any form, shall be in the participant's possession at any time, under any circumstances.
7. Participants are required to attend all general sessions and assigned activities.
8. Identification badges will be worn at all times.



ROVA

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PLEASE COMPLETE

Please return form to School _____, *Attn.*
_____ **by THURSDAY, APRIL 27, 2023.**

Chaperone _____
(Please Print Full Name)

from _____
(Please Print Area Vocational Technical School, Career Technical Center or Career Center, or Rotary Club)

will participate in a Rotary sponsored activity to
ROVA – Camp Nazareth Retreat and Conference Center, Mercer, PA
On Sunday, May 21 and Monday, May 22, 2023.

In case of accident, injury or illness, I hereby authorize *the ROVA Staff* to take me to the nearest emergency medical facility. I will accept financial responsibility for services rendered.

In case of emergency, it is important that health information be readily available. Please note any allergies, handicaps, medications or other health problems:

Health Insurance Provider: _____

Insurance Number: _____

Emergency Contact Person: _____

Home Phone (____) _____ - _____ Work Phone (____)- _____

Physician Name: _____

Physician Phone: _____

Your Name: _____

Address: _____

Phone Number: (____) _____ - _____

Chaperone's Signature _____

_____ Date



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PLEASE COMPLETE

Please return form to School _____, *Attn.*
_____ by **THURSDAY, APRIL 27, 2023.**

Chaperone's Name: _____

- | Chaperone's Medical History | Yes | No |
|--|-----|-----|
| 1. Do you have an ongoing or chronic illness:
(If yes, please explain) | () | () |
| 2. Are you currently taking any prescription
or nonprescription (over-the-counter)
medication or pills or using an inhaler?
(If yes, please list the medications that you
are currently taking). | () | () |
| 3. Do you have any allergies (for example, to pollen,
food or insects)
(If yes, please specify.) | () | () |
| Do you use Epipen? | () | () |
| 4. Do you cough, wheeze, or have trouble during
or after activity? | () | () |
| 5. Do you have asthma? | () | () |
| 6. Please list any other concerns that the <i>Rotary staff</i> may need to be aware of in the
space provided below or on the back. | | |
| 7. Please check if NO health problems: <input type="checkbox"/> | | |



ROVA

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PLEASE COMPLETE

_____/_____/_____

Today's Date

For valuable consideration, I hereby irrevocably consent to and authorize the use and reproduction by ROVA, or anyone authorized by ROVA, of any and all photographs for publicity purposes whether it be on the Internet, in a news publicity, or within any advertisement which ROVA has taken this day of me, negative or positive, i.e., prints, pictures, or computer files, without compensation to me. All negatives and positives, i.e., prints, pictures, or computer files, together with the press release, shall be solely and completely the property of ROVA.

Chaperone's Name (Please Print)

Chaperone's Signature