



ROTARY
YOUTH
LEADERSHIP
AWARDS

District 7770

Rotary Youth Leadership Awards (RYLA) Application

Student Information (required)

Last Name: _____ First Name: _____ M.I. _____

Preferred Name for Badge: _____ Date of Birth: _____

Home Address: _____

City: _____ State: ____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____ Gender: __ M __ F T-Shirt Size: _____

School: _____ Current GPA: _____

Parent/Guardian Information (required)

Parent/Guardian Name: _____
(Last) (First)

Emergency Contact Number(s): _____

E-mail: _____

Sponsoring Rotary Club Information (required)

Rotary Club Name: _____

Rotary Contact Person: _____

(Last)

(First)

Phone Number(s): _____ Email: _____

Student Involvement

What Rotary Youth Services are you active in?

Please explain why you want to participate in the RYLA program? (Attach additional sheets, if necessary.)

Clubs and Organizations you belong to:

Awards/

Honors: _____

Hobbies/

Talents: _____

If you participate in sports, please list them: _____

Future Plans: _____

Work/Volunteer: Please list paid or volunteer work experience(s) and briefly describe it/them.

Student Medical Information (required)

Do you have physical, medical conditions or dietary restrictions? If so, please explain:

Known allergies: _____

Date of Last Tetanus Shot: _____

Physician's Name: _____ Physician's Phone: _____

Insurance Company: _____ Insurance Co. Phone: _____

Ins. Subscriber's Name: _____ Insurance ID Number: _____

May acetaminophen (such as Tylenol) be given to the student? _____ Yes _____ No

May stomach remedy medicines (such as Pepto Bismol) be given to the student? _____ Yes _____ No

Any additional information or special instructions: _____

**PLEASE ATTACH A COPY OF THE
STUDENT'S HEALTH INSURANCE CARD
TO THIS APPLICATION**

Photo Release

At various times throughout the RYLA Program, Rotary District 7770 representatives will be taking digital images, photographs, and/or videotapes of the program for public educational, promotional and/or informational purposes. When/if you or your child's likeness or image is used in a publication, there will be no identifying information provided (i.e. child's name, personal information) and no compensation.

- I give permission to representatives of the RYLA Program and Rotary District 7770 to take and publish, in print, electronic, or video format, the likeness or image of my child and/or myself.

**PLEASE ATTACH A COPY OF THE
STUDENT'S HEALTH INSURANCE CARD
TO THIS APPLICATION**

Name of Student: _____

PARENTAL/GUARDIAN AUTHORIZATION; I do voluntarily consent to said minor's participation in all activities of the Rotary Youth Leadership Awards Camp (RYLA) to be held at Charleston Southern University. I understand that this leadership camp could involve physical activity. Although these activities are well supervised by adults there is always an inherent risk of physical injury to the participant and I'm willing to have my child participate.

Initial: _____

MEDICAL TREATMENT RELEASE: I assume responsibility for any medical or treatment/transport fees or costs incurred directly or indirectly because of said minor's participation. I also authorize the representative(s) of Rotary District 7770 to arrange for professional care and treatment in case of medical emergency. I hereby give permission to the physician selected by the Rotarian(s) to hospitalize secure professional treatment for and/or to order injections, anesthesia and/or surgery for the minor named above.

Initial: _____

INDEMNIFICATION/HOLD HARMLESS: In consideration of the Rotary Club, Rotary District 7770 and Charleston Southern University, I permit this minor to participate in Rotary Youth Leadership Awards (RYLA) and to engage in all activities related to the weekend program. I hereby assume the risk associated with participation & agree to hold the Rotary Club, Rotary District 7770, and Charleston Southern University, its committees, employees, as agents, as representatives, and volunteers harmless from any and all liabilities, actions, causes of action, claims or demand of any kind & nature whatsoever which may arise by or in connection with said minor's participation in any activities related to the Rotary Youth Leadership Awards (RYLA). The terms here shall serve as a release & the assumption of the risk for said minor, his or her heirs, estate, executor, administrator, and assignees as well as members of the family.

Initial: _____

I also take full responsibility for any valuables that the above-named participant takes to this camp, that could get lost or stolen and I am fully aware I have been advised that said minor should not bring any valuables. I hereby give permission for Rotary to post pictures of said minor participating in this event in Rotary publications including on its websites, social media, presentations, etc.

Initial: _____

I further consent to permit authorized Rotarians to contact said minor after the Rotary Youth Leadership Awards (RYLA) with respect to other Rotary programs and activities.

Initial: _____

A photocopy of this form is as valid as the original.

Initial: _____

Application Checklist

To apply for the 2023 Rotary Youth Leadership Awards (RYLA), submit all of the following:

- Completed student application
- Copy of student's (or parent's) Health Insurance Card
- Completed applications must be returned to sponsoring club by March 7.
- Applications must be signed by the Sponsoring Rotary Club

Sponsoring Rotary Club Signature

As the representative of my District 7770 Rotary Club, by my signature, I confirm my Rotary Club's sponsorship of the above-named student applicant. I understand if this student is selected to attend RYLA, that it is my responsibility to assure that payment for my club's sponsorship.

Club Representative Signature: _____

Date: _____