



**Rotary Youth Leadership Award
District 5830
Student Application
(Please Print Clearly)**



Name: _____

FIRST

LAST

PREFERRED NAME

Male

High School: _____ GPA: _____

Female

Address: _____

STREET

CITY

STATE

ZIP CODE

Home Phone: _____ DOB: ____/____/____

Cell Phone: _____ Shirt Size: XS S M L XL XXL

Email Address: _____

Parent/Guardian Name: _____

FIRST

LAST

Relationship: _____ Cell Phone: _____

Dietary Requirements (allergies, vegetarian): _____

School & Extracurricular Activities: _____

Academic Accomplishments (Awards/Honors/Advanced Classes): _____

Activities, Interests, & Hobbies Outside of School: _____

Work Experience: _____

*Application MUST be signed AND have current photo attached!
Submit application to your HS counselor or Rotary Representative by November 15th*

"The RYLA (Rotary Youth Leadership Award) program is for a select group of high school juniors who have shown strong leadership skills. Students will spend two nights at Clements Scout Ranch near Athens, TX and participate in the COPE (Challenging Outdoor Personal Experience) ropes course. By signing below, I acknowledge that I have accessed the RYLA5830.org website and read the information provided there and approve that my child will be registered in Explorer Post 830 with the East Texas Area Council, BSA to allow participation on the COPE Course. I also understand that use of facilities owned by the Circle Ten Council, BSA, involves a certain degree of risk that could result in injury or death. I hereby release and waive any and all claims that I may have against the Circle Ten Council, East Texas Area Council, and the BSA and their employees, agents, representatives, or volunteers arising from use of their facilities." I agree to allow the camp nurse, doctor, or designated medical personnel to dispense any non-prescription medication to my child if necessary. In case of a medical emergency I understand every possible effort will be made to contact me. Although, in the event I cannot be reached, I hereby give my permission to the healthcare provider selected by the Camp Director to hospitalize, secure proper treatment, order an injection, anesthesia, or surgery for my child whose name is listed above.

Parent
Signature & Date _____

Student
Signature & Date _____

Annual Learning for Life Health and Medical Record

Part A

GENERAL INFORMATION

Name _____ Date of birth _____ Age _____ Male Female
 Address _____ Grade completed (youth only) XXXXX
 City _____ State _____ Zip _____ Phone No. _____
 Adult leader Stephanie Parker Council name/No. ETAC #585 Post No. 830
 Social Security No. (optional; may be required by medical facilities for treatment) _____ Religious preference XXXXXXXXXXXXXXXXXXXX
 Health/accident insurance company _____ Policy No. _____

**ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD (SEE PART C).
 IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."**

In case of emergency, notify:

Name _____ Relationship _____
 Address _____
 Home phone _____ Business phone _____ Cell phone _____
 Alternate contact _____ Alternate's phone _____

MEDICAL HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma	
		Diabetes	
		Hypertension (high blood pressure)	
		Heart disease (i.e., CHE, CAD, MI)	
		Stroke/TIA	
		COPD	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Learning disorders (i.e., ADHD, ADD)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures	
		Sleep disorders (i.e., sleep apnea)	
		GI problems (i.e., abdominal, digestive)	
		Surgery	
		Serious injury	
		Other	

Allergies or Reaction to:

Medication _____
 Food, Plants, or Insect Bites _____

Immunizations:

The following are recommended by Learning for Life. Tetanus immunization must have been received within the last 10 years. If had disease, put "D" and the year. If immunized, check the box and the year received.

Yes	No	Date
<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria _____
<input type="checkbox"/>	<input type="checkbox"/>	Measles _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Rubella _____
<input type="checkbox"/>	<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____
<input type="checkbox"/>	<input type="checkbox"/>	Influenza _____
<input type="checkbox"/>	<input type="checkbox"/>	Other _____

Exemption to immunizations claimed.

(For more information about immunizations, as well as the immunization exemption form, see Learning for Life's Safety First Guidelines.)

MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.)
 Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
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NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

Emergency contact No.:

Allergies:

DOB:

Last name:

Part C

Informed Consent and Hold Harmless/Release Agreement

I understand that participation in Learning for Life activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release Learning for Life, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

I approve the sharing of the information on this form with Learning for Life volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Learning for Life activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Without restrictions.

With special considerations or restrictions (list)

Talent Release Form

I hereby assign and grant to Learning for Life the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child by Learning for Life, and I hereby release the Learning for Life from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of Learning for Life, and I specifically waive any right to any compensation I may have for any of the foregoing.

Yes No

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

Participant's name _____

Participant's signature _____

Parent/guardian's signature _____
(if under the age of 18)

Date _____

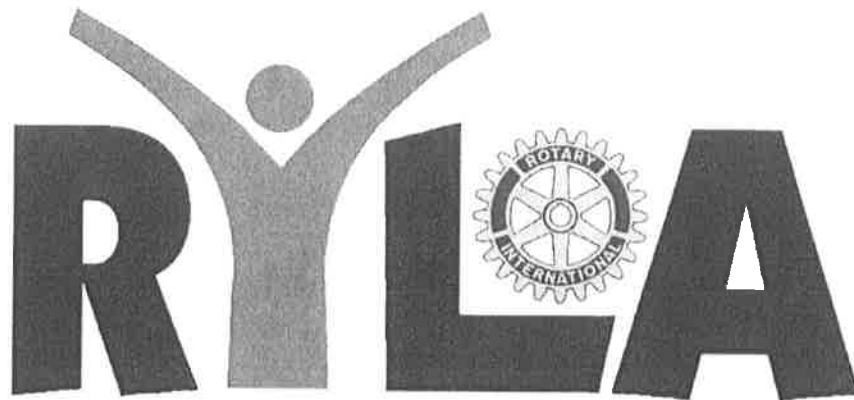
Attach copy of insurance card (front and back) here. If required by your state, use the space provided here for notarization.



1329 W. Walnut Hill Lane
P.O. Box 152225
Irving, TX 75015-2225
www.learningforlife.org

680-001
2009 Learning for Life

Part C **Last name:** _____ **DOB:** _____



**ROTARY YOUTH LEADERSHIP AWARDS
ROTARY DISTRICT 5830**

2018

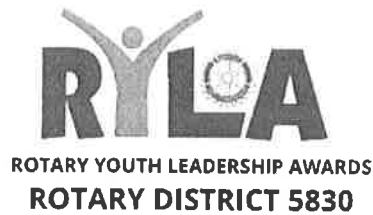
**Clements Scout Ranch
Athens, TX**

Camp Session 1

February 9-11, 2018

Camp Session 2

February 23-25, 2018



STUDENT INFORMATION PACKET

In this packet, you will find everything you need to know about camp, a medical release form to be completed and signed by a parent/guardian and turned in at camp, and a map to camp.

FAQ

WHERE IS CAMP RYLA LOCATED?

RYLA 5830 is hosted at Clements Scout Ranch.
11217 FM 2970
Athens, TX 75751

HOW WILL I GET TO CAMP?

A representative of the Rotary Club that selected you will provide transportation to and from the camp. Registration starts at 3:00 p.m. on Friday, so you will need to work with your Rotary Club Coordinator and school counselor to arrange leaving school early that day. The camp concludes at 5:30 p.m. Sunday. If for any reason you cannot make it to the camp by the starting time, please contact your club sponsor or the RYLA Registrar so that another student can be selected.

WHERE WILL I SLEEP?

Your sleeping accommodations will be in modern cabins with electricity, heating, and A/C. You will have a clean bed or cot, but you will need to bring a sleeping bag and pillow.

WHAT ABOUT THE FOOD?

Meals are professionally prepared, tasty, and nutritious. Because of the long, strenuous days you have three square meals and snacks. **If you require special dietary restrictions, please provide that information to your Rotary Club Coordinator.**

WHAT WILL I BE DOING AT CAMP?

Days are long and full of activity at RYLA. You will be participating in a number of physical and mental challenges with a team that you will get to know very well throughout the weekend. You will also have the opportunity to hear from some top local leadership speakers. Your timely and active participation in all activities is required, though each physical challenge is done by your choice.



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IS THERE A DRESS CODE AT CAMP?

It is important that all camp attendees dress appropriately for their safety and to represent themselves as the leaders they are. Please stick to denim and cotton/cotton-blend materials. Nylon will not be allowed during Sunday activities. Short shorts (such as Nike shorts and Softees) will not be allowed. Spaghetti straps and low-cut tops will not be allowed. All footwear should be closed-toe and appropriate for light athletic activity, i.e. tennis shoes or hiking boots.

HOW ARE MEDICAL EMERGENCIES HANDLED AT THE CAMP?

RYLA has a camp nurse (RN, EMT, or related) on staff at each session. The staff at Clements Scout Ranch is also experienced in handling the medical needs of its visitors. Each student's physical safety is a top priority and necessary medical assistance is readily available. All students will be covered by supplemental insurance provided by the Boy Scouts of America. Please fill out the enclosed medical release/informed consent form and bring it with you to the camp.



ROTARY YOUTH LEADERSHIP AWARDS
ROTARY DISTRICT 5830

PACKING LIST

The below are items we recommend you bring to camp based on feedback from past campers. Keep in mind that you will spend a large amount of time outdoors.

- Clothes that can easily be layered because we often experience varying weather at camp. All clothes and shoes should be those you don't mind getting dirty.
 - 2-3 pairs of jeans
 - 2-3 shirts; you will receive a camp shirt upon your arrival
 - Warm coat and light jacket
 - Hat or beanie
 - Athletic shoes or hiking boots
 - Leather or leather-palmed gloves (like gardening or work gloves)
 - Warm gloves
- Personal care items
 - Soap, shampoo, etc.
 - Towel
 - Lip balm
 - Hand warmers
 - Prescription medications
- Sleeping bag and pillow
- Water bottle
- Sunscreen
- Flashlight
- Small backpack to carry water bottle, flashlight, jacket, etc.

DO NOT PACK

- Electronics such as cell phones, laptops, etc.
- Jewelry (this can be dangerous in many of our activities)
- Alcohol, drugs, or tobacco products
- Knives, firearms, or weapons of any kind

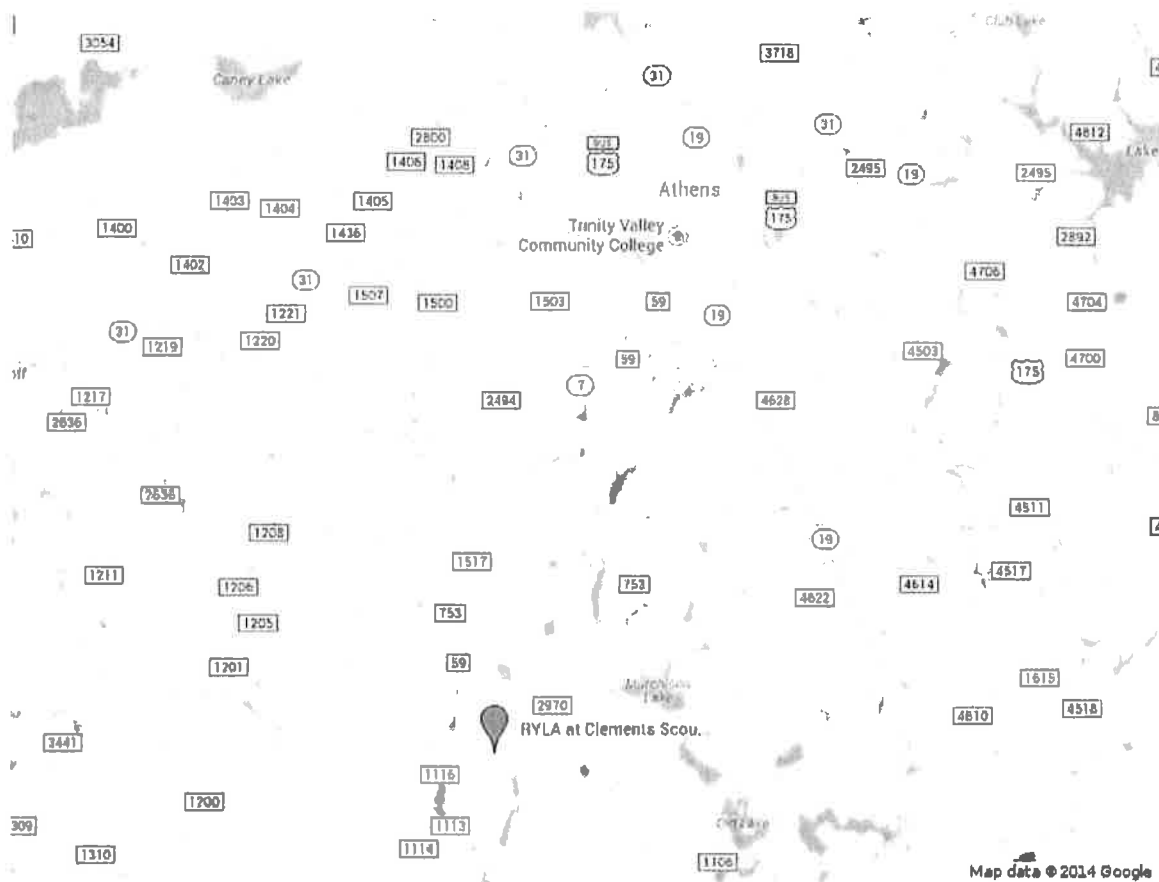


ROTARY YOUTH LEADERSHIP AWARDS
ROTARY DISTRICT 5830

CAMP MAP

**11217 FM 2970
Athens, TX 75751**

PHONE: (903) 675-3781 or (903) 675-0293



Map data © 2014 Google