Camp RYLA 2017

Instructions for completion of Camp RYLA attendee's application.

Camp RYLA will be a life changing experience for you.
To attend Camp RYLA, it is important that you read and follow the instructions below in completing and submitting your application.

- **All applications must be filled in on-line or typed. No handwritten applications will be accepted.**
- **All applicable information must be filled in. If a section calls for information that is not applicable to you, please insert "N/A".**
- **If you are taking any prescription medication you must furnish the name of the medication, the dosage and how often it is taken.**
- **Your parent(s) or guardian(s) must have their signature notarized. Applications submitted without being notarized will be rejected.**
- **You must turn in your completed, signed and notarized application to your sponsoring Rotary Club.**

If you have any questions regarding Camp RYLA 2017 please contact your sponsoring Rotary Club.

If you do not have a sponsoring Rotary club please contact Camp RYLA Chair Matthew Susin at 321.917-4780 (cell) or 312.726-6550 (work)
or email matthewsusin@gmail.com.

Camp RYLA - Rotary Youth Leadership Award – April 19-23, 2017

Rotary District 6930 and the Florida Elks Youth Camp, Inc.

Please type. Hand printed applications will not be accepted. Complete all items. Parent or Guardian must sign and have notarized.

Student's Name _____ Nickname: _____
Address _____ Email: _____
City _____ State _____ Zip Code _____
Gender __ M __ F DOB _____ Age _____ Cell # _____

Father's Name: _____ Mother's Name: _____
Guardian's Name: _____ High School Name: _____Grade: _____

Parent's/Guardian's Address _____
Parent's/Guardian's Home #_____ Work # _____ Email: _____
Alternate Contact's Name _____ Phone # _____

Name of Personal Physician: _____ Phone: _____
Do you have health/accident insurance? (please check) _____Yes _____No
If yes, please list carrier and policy number: _____
Do you have any limiting physical health disabilities? (please check) _____ Yes _____ No
If yes, explain:_____
Are you taking any medication, prescribed or otherwise? (please check) _____Yes _____No
If yes, list medication and condition for which medicine is taken. _____
_____

List any and all known allergies, (ie: medicine, insects, etc.) _____
_____

If allergic to bee stings/ant bites, do you carry a sting/bite kit? (please check) _____Yes _____No Please answer Yes or No to the following questions: Can you swim? _____Are you pregnant? _____ Do you wear contact lenses? ____Under the influence of any chemical substance including alcohol?____ Do you currently have or have had in the past any of the following symptoms or conditions? (Please mark with a yes or no beside each item)

_____ Heart Disease or Heart Attack _____Asthma _____ Inhaler present?
_____ High Blood Pressure _____ Epilepsy
_____ Chest Pains, Palpitations or Heart Murmur _____ Drug Reactions
_____ Stroke _____ Back, Neck or Knee Problems
_____ Diabetes _____ Recent Injuries of any kind
_____ Any history of any of the above mentioned in your family?

If you marked YES to any of the above, please explain each item & give dates:
_____
_____
_____

List any other condition(s) we should be aware of: _____
_____

Student Name_____

Student Phone Number_____

T-shirt size - XS - S - M - L - XL - 1XL - please circle one

Dietary Restrictions – please circle one

Vegan
Vegetarian
Gluten Free
Other - _____
None

PARENTAL 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 the Elks Youth Camp, Umatilla, FL April 19-23 2017. I assume responsibility for any medical or treatment fees or costs incurred directly or indirectly because of said minor's participation. I also authorize the representative(s) of Rotary District 6980 to arrange for professional care and treatment in case of a medical emergency. I hereby give my 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 name above.

RELEASE, ASSUMPTIONS of RISK and AGREEMENT TO HOLD HARMLESS

In consideration of the sponsoring Rotary Club, Rotary International District 6930, Rotary International, I permit my child to participate in the RYLA Leadership Camp and to engage in all said activities related to the camp's activities. I hereby assume the risk associated with participation and agree to hold the Florida Elks Youth Camp Inc., my sponsoring Rotary Club, Rotary International District 6930, Rotary International, its committees, employees, agents, representatives, and volunteers harmless from any and all liabilities, actions, causes of action, claims or demand of any kind and nature whatsoever that may arise by or in connection with my child's participation in any activities related to the RYLA camp. The terms here shall serve as a Release and the assumption of the risk for my child, his or her heirs, estate, executor, administrator, and assignees as well as members of my family.

I grant Rotary District 6930 and the sponsoring Rotary Club permission to use the image of the above named minor for educational and promotional purposes. In addition, Rotary District 6930 may contact the named minor regarding other Rotary programs including, but not limited to, Interact, Rotaract, speech contest, musical performance contest, and scholarship opportunities.

_____ _____

Parent or Guardian Signature Date

_____

Printed Name of Parent or Guardian

_____ _____

Parent or Guardian Signature Date

_____

Printed Name of Parent or Guardian

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20___, by _____;

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

_____

Notary Public Signature

_____

My Commission Expires

[SEAL]

FLORIDA ELKS YOUTH CAMP, INC.

*24175 S. E. Hwy 450, P. O. Box 49, Umatilla, FL 32784 * 352-669-9443 or 1-800-523-1673*

ROPES CHALLENGE COURSE April 19-23, 2017
PARTICIPATION AGREEMENT - ASSUMPTION OF RISK

1. I (Please print participants full name) _____ understand that the Florida Elks Youth Camp's Ropes Challenge Course is an outdoor adventure activity and that certain known and unknown inherent risks may exist in relation to this unique activity.

2. I understand that some, but not all, of the risks may include:

extreme temperature or weather conditions bruises and/or scrapes to body risk of falling and/or equipment failure bee stings or insect bites emotional distress heat exhaustion-heat strokeserious injury physically difficult conditions

3. I understand that the Florida Elks Youth Camp operates all programs on a **Challenge by Choice** basis. I understand that I am free to choose **NOT** to participate in any activity or **PART OF** any activity that I do not want to participate in.

4. I understand that the Florida Elks Youth Camp's Ropes Challenge Course staff will meet professionally accepted standards of care and safety. I understand that safety rules will be discussed throughout the day and it is my responsibility to ensure that I understand and follow all safety guidelines.

5. I understand that it is my responsibility to inform the Florida Elks Youth Camp staff of any and all physical limitations, liabilities, or injuries including but not limited to: neck and back problems, recent surgery, allergies and any other medical situations.

6. I understand that the Florida Elks Youth Camp, its staff, employees, independent contractors and associates shall not be held liable or responsible in any way to me for bodily injury, illness (whether mental or physical), property damage or loss. The terms hereof shall serve as a release and assumption of risk for myself and all members of my family. Should the Florida Elks Youth Camp, or anyone acting on its behalf, be required to incur attorney's fees to enforce this agreement, I agree to indemnify and reimburse them for such fees and costs.

7. Specifically exempted from this release are any injuries caused by the gross negligence of any Florida Elks Youth Camp staff as it specifically relates to the Ropes Challenge Course safety procedures.

8. I HAVE READ UNDERSTOOD AND ACCEPTED THE CONDITIONS STATED HEREIN AND HEREBY ACCEPT THE CHALLENGE OF THE FLORIDA ELKS YOUTH CAMP ROPES CHALLENGE COURSE PROGRAM.

Participant_____ **Date** _____

Parent/Guardian_____ **Date** _____

Parent/ Guardian_____ **Date** _____

Notarized by _____

STATEMENT OF LEADERSHIP RESPONSIBILITY

I _____UNDERSTAND THAT:

1. I have made a commitment to attend Camp RYLA from April 19-23,2017 and will notify my sponsoring Rotary Club immediately if a conflict arises.
2. I may not arrive late, or leave RYLA earlier than scheduled.
3. I will be on time and attend all meals, meetings and activities scheduled for my group.
4. I have a duty and a responsibility as a leader to report immediately any inappropriate acts of conduct that I personally observe by and or between my fellow Camp RYLA attendees to the Camp RYLA Chair.
5. I MUST SLEEP IN THE CABIN WHICH I AM ASSIGNED. Lights out is at the scheduled time. When lights are turned off, I will be quiet thereafter and not leave my cabin unless in an emergency.
6. Males are not allowed in female dorms, and vice-versa.
7. Phones are permitted only during scheduled recreation times, breaks or while in your cabin. If used at other times they will be confiscated and returned at the end of the conference.
8. Recreation activities are limited to those periods of the day and evening scheduled.
9. If any person is injured or becomes ill, I WILL NOT MOVE THEM. I will contact a member of the Camp RYLA Committee immediately.
10. I will report any damage or breakage immediately to the Camp RYLA Committee.
11. SMOKING IS PROHIBITED. No exceptions.
12. ALL MEDICATIONS, whether prescribed or “over the counter," must be identified on the container. Unidentified medications, alcohol, weapons, or tobacco products found in the possession of any student will be confiscated and the student will be expelled from Camp RYLA.
13. Foul or abusive language (including anything of a discriminatory nature) will not be tolerated nor will physical violence or threats of any kind be allowed. If I observe such behavior, it will be my responsibility to contact a member of the Camp RYLA Committee immediately.
14. Any sexual or lewd misconduct by and/or between myself and other participants will be considered unacceptable behavior.
15. I may not leave the camp area without the permission of the Camp RYLA Committee Chair.
16. Confidentiality is important. Anything shared by a member of your group should remain in that group. However, the Camp RYLA committee members are mandated by law to report any suicide or abuse issues to the proper authorities.
17. I am to conduct myself in all sessions, in all activities, in the dining hall, in classrooms, in sports, and in my cabin, in a manner which will bring credit to myself, my school, my sponsoring Rotary Club and my family, and in a manner which will not cause injury to another person.

I have read the Statement of Leadership Responsibility and do hereby agree and commit to honoring them.

SHOULD MY CONDUCT BE CONSIDERED UNACCEPTABLE AT ANY TIME BY THE DISCRETION OF THE CAMP RYLA COMMITTEE, OR SHOULD I TRANSGRESS ANY OF THE CODES STATED ABOVE, I UNDERSTAND THAT I WILL BE DISMISSED FROM CAMP RYLA AND WILL BE SENT HOME AT MY PARENTS OR GUARDIANS EXPENSE.

Signed (Participant) _____ Date _____

Name of Participant_____

Signed (Parent/Guardian) _____ Date _____

Name of Parent/Guardian_____

Signed (Parent/Guardian) _____ Date _____

Name of Parent/Guardian_____

Rotary District 6930
CAMP RYLA 2017
CODE OF CONDUCT

The physical, sexual or emotional abuse or harassment of any student will not be tolerated. All allegations of abuse or harassment will be taken seriously. The safety and well-being of students will always be the first priority.

Definitions:
Sexual abuse: Sexual abuse refers to engaging in implicit or explicit sexual acts with a student or forcing or encouraging a student to engage in implicit or explicit sexual acts alone or with another person of any age, of the same sex or opposite sex. Additional examples of sexual abuse could include, but are not limited to: non-touching offenses, indecent exposure, exposing a child to sexual or pornographic material.

Sexual harassment: Sexual harassment refers to sexual advances, requests for sexual favors or verbal or physical conduct of a sexual nature. In some cases, sexual harassment precedes sexual abuse, and is a technique used by sexual predators to desensitize or groom their victims. Examples of sexual harassment could include, but are not limited to: sexual advances, sexual epithets, jokes, written or oral references to sexual conduct, gossip regarding one's sex life, and comment about an individual's sexual activity, deficiencies or prowess; verbal abuse of a sexual nature; displaying sexually suggestive objects, pictures or drawings; an sexual leering or whistling, any inappropriate physical contact such as bruising or touching, obscene language or gestures and suggestive or insulting comments.

If sexual abuse or harassment should occur, the Camp RYLA committee will follow the RYLA Sexual Abuse and Harassment Allegation Reporting Guidelines as established by Rotary International.

I have read and agree to conform to the above code of conduct, conditions and expectations. Should my conduct be considered unacceptable at any time in the opinion of the Camp RYLA Committee, I understand that I will be dismissed from Camp RYLA and sent home at my parents' or guardians' expense.

Signed (Participant) _____ Date _____

Name of Participant_____

Signed (Parent/Guardian) _____ Date _____

Name of Parent/Guardian_____

Signed (Parent/Guardian) _____ Date _____

Name of Parent/Guardian_____