

Rotary Youth Leadership Awards

Camp RYLA

November 22-26th 2019

Camp RYLA is a life changing leadership opportunity for you, provided by your local Rotary Club. To be eligible to attend you must complete this online application and be in High School grade 9-11. You will be notified of your acceptance once application is reviewed and scholarship is approved.

All questions on this application must be answered with a Yes, No, Na or appropriate response. Example: If you don't have insurance it is acceptable to write no, if you do have insurance an ID# and carrier must be included. Electronic Signature for parent is permissible. They will also receive email notification on your approval.

If you have a question or problem with this registration please contact:

Nadine Burns RYLA Registrar nadinerburns@gmail.com

If you have any questions regarding RYLA camp please contact:

Nadine Burns RYLA Chair nadinerburns@gmail.com

Please indicate are you a RYLA camper ___ Y or ___ N

Are you a Member of RYLA Jr. Staff Y or N ? If Yes Indicate Rotary District 6930 as sponsoring club and use Nadine Burns for name and email

Name of Rotary Club providing you this RYLA Scholarship? _____

What is the contact name and email for Rotary club sponsor? _____

Completed applications are to be emailed **by using email button at bottom of the form they are forwarded to:**

nadinerburns@gmail.com

Once your application is reviewed and approved by sponsoring Rotary Club you will receive email notification.

Rotary District 6930

Camp RYLA 2019

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 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 advance, 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 Allegations 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.

Electronic Signature (Participant) _____

Date: _____

Electronic Signature (Parent/Guardian) _____

Date: _____

OF LEADERSHIP RESPONSIBILITY

I understand that:

1. I have made a commitment to attend Camp RYLA from November 22-26, 2019 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 or 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 IAM 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 cabins 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, Noor 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 CAP RYLA AND WILL BE SENT HOME AT MY PARENTS OR GUARDIANS EXPENSE.

Electronic Signature Signed (Participant) _____

Date: _____

Electronic Signature (Parent/Guardian) _____

Date: _____

Camp RYLA Student Information 2019

Student Name: _____ Nickname: _____

Student Phone Number: _____

Student Email: _____

Name of School: _____

Grade: _____

Gender: ___ M ___ F

Please Indicate T-Shirt Size

___ XS ___ S ___ M ___ L ___ XL ___ 2XL ___ 3XL

Please Indicate Dietary Restriction:

(Type None if you don't have any in each field)

Vegan _____

Vegetarian _____

Gluten Free _____

Other _____

Camp RYLA 2019

Parent / Guardian Informed Consent

Participant/ student name _____

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 Nov 22-26 2019. 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 6930 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 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 representatives, and volunteers harmless from any and all liabilities, actions, causes of action, claims or demand of 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/Guardian Email: _____ Phone: _____

Electronic Signature (Parent/Guardian) _____

Date: _____



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

ROPES CHALLENGE COURSE 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
risk of falling and/or equipment failure
emotional distress
serious injury

bruises and/or scrapes to body
bee stings or insect bites
heat exhaustion-heat stroke
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

Witness/Parent/Legal Guardian

Date

FLORIDA ELKS YOUTH CAMP, INC.
INFORMED CONSENT/MEDICAL INFORMATION
Please Print In Black Ink ONLY

Group Name: RYLA Course Date: 11/22/2019

Participant's Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ SSN#: _____

Name of Personal _____ Phone: _____

Physician: Emergency _____ 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: _____

Signature** of participant indicates an understanding of the above information and a release to treat, in the event of an emergency. I and my family release FEYC, its employees, staff and other agents from any claims or liability arising out of my participation in the Florida Elks Youth Camp Ropes Challenge Course.

Participants Signature: _____ Date: _____

** Parents/Guardians Signature if participant is under 18: _____

** Printed Name of Parents/Guardians: _____ Emergency Phone #: _____