

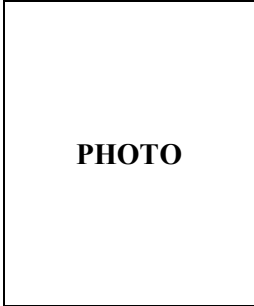


District 6200

Application Rotary Youth Leadership Award For Camp RYLA

Club RYLA Chairperson Information:
June 3 – June 6, 2010 – Lake Fausse Pointe State Park

Rotary Club _____
RYLA Chairperson _____
High School _____
Rotary Club Use Only



(PLEASE TYPE OF PRINT CLEARLY)

Full Name: _____ Current Age: ____ Current Grade in School: ____ Male
 Female

Name that you wish to be called: _____ High School: _____

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

E-mail: _____

Home Phone: (____) _____ Parent's Business Phone : (____) _____

Emergency Phone Number for Date of Camp: (____) _____ T-Shirt Size _____

EDUCATION: Cumulative Grade Point Average: _____

ACADEMIC ACCOMPLISHMENTS: (Honor Roll, Awards, Accelerated/Special Classes)

OTHER SCHOOL ACTIVITIES AND RECOGNITIONS: (Positions held and responsibilities undertaken)

SPORTS PARTICIPATION: (Number of years, levels of competition and honors)

OUTSIDE SCHOOL INTEREST, SERVICE ACTIVITIES, HOBBIES AND RECREATION:

WORK EXPERIENCE: (Summers/Afterschool)

OPTIONAL: (Write a short essay on why you think the Rotary Youth Leadership Award Camp will be a good experience for you)

ALL APPLICATIONS MUST BE SIGNED AND HAVE A CURRENT PHOTO ATTACHED.

PARENT'S
SIGNATURE: _____

DATE: _____

STATEMENT OF CAMPER'S HEALTH

(Developed and Approval by the American Camping Association and Academy of Pediatrics)

Health History (Yes or No – If Yes give approximate dates):

Frequent Colds _____	Kidney Trouble _____	Chicken Pox _____
Frequent Sore Throat _____	Bed Wetting _____	Measles _____
Sinusitis _____	Heart Trouble _____	German Measles _____
Abscessed Ears _____	Athlete's Foot _____	Mumps _____
Bronchitis _____	Sleep Walking _____	Whooping Cough _____
Fainting _____	Rheumatic Fever _____	Tuberculosis _____
Convulsions _____	Constipation _____	Diabetes _____
Stomach Upsets _____	Poliomyelitis _____	

Serious Ivy, Oak, or Sumac Poisoning _____

Operations of Serious Injuries _____

Allergic Reactions to:

Bee Sting _____ Penicillin _____ Other Drugs _____

Any medicine currently being taken? _____

Any specific activities for which camper's health would be questionable? _____

General Statement of camper's health _____

Important Notice – If the camper's health changes after the submission of this health statement, or if the camper has been exposed to any communicable disease during the three weeks prior to cam attendance, the RYLA Camp Administrator must be notified prior to attendance.

Liability Release

(To be signed by both parents or guardian and camper applicant. Camper cannot participate without this release.)

General Release:

In consideration of being permitted to participate in Cam RYLA and all associated activities.

I/We have read the Camp RYLA Activities statement in the camper' guide, "Camp RYLA: A Student Leadership Camp", distributed to each student with this application. I understand that they carry some risk and that the camper will be expected to participate in those activities. I understand that these activities are part of what made the Camp RYLA program so successful in the growth of young people and that my student has my approval to participate in all of the activities of the camp.

Camper, for himself or herself, his or her spouse, parents, legal representatives, heirs, and assigns, hereby releases, waives and discharges Camp RYLA, Rotary, its officers and members, all promoters, sponsors, advertisers, owners, and lessees on the premises upon which Camp RYLA is conducted, and each of them, their officers and employees (referred to hereinafter as "Releasees") from all liability to camper, Camper's spouse, parents, legal representatives, heirs, and assigns, for any and all loss or damage, and any claim or damages resulting therefrom, on account of injury to Camper's person or property, even injury resulting in death of Camper, whether caused by the negligence of Releasees or otherwise while camper is participating in Camp RYLA activities.

Camper agrees to indemnify Releasees and each of them for any loss, liability, damage, or cost they may incur due to the presence of Camper in or upon Camp RYLA premises or activities, whether caused by negligence of Releasees or otherwise.

Camper hereby assumes full responsibility for the risk of bodily injury, death, or property damage due to the negligence of Releasees or otherwise, while in or upon Camp RYLA premises or activities, and while competing, officiating in, working, or for any purpose participating in Camp RYLA activities.

Camper expressly agrees that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Louisiana; and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in legal force and effect.

Medical Release:

In the event emergency medical attention is required for a child at Camp RYLA, the providing of the attention will not be construed as an admission of liability on the part of Camp RYLA and cost for all emergency treatment and care must be borne by the parents or guardians of the involved child. Should Camp RYLA have voluntary insurance coverage to cover such expenses, such coverage will be limited to the excess over any valid and collectible insurance carried by the injured child's parents or guardians.

In case of medical emergency, I understand that every effort will be made to contact parents or guardians of campers. In the event I cannot be reached, I hereby give permission to the physician selected by the camp director or hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child/ward as named herein.

I support my child's/ward's application to Camp RYLA and I agree if he/she selected to attend Camp RYLA, he/she will complete the entire program. I understand that my child/ward will be asked not to attend Camp RYLA if illness or an emergency will preclude him/her from participating fully in all RYLA activities.

IN WITNESS WHEREOF, Camper and Camper's parents or guardians have executed this release at :

_____ In the State of _____

This _____ day of _____, 2010 _____

Student: _____

Parent or Guardian: _____