

APPLICATION INSTRUCTIONS

Congratulations on being selected to attend Camp RYLA. It 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 2019 please contact:

- Your sponsoring Rotary Club,
- Or Camp RYLA Co-Chairs,
 - Babs Coggins or Eddie Fernandez at District6980RYLA@gmail.com or 407-721-7448.

**This Application has a Total of 8 Pages.
All must be completed & submitted.**

**\$25 Non-Refundable Reservation must be attached with the application.
If child participates / attends Camp RYLA 2019,
the check will be returned.**

**Applications must be received by deadline!!!
Absolutely no walk-in applications will be accepted
on the first day of camp.**

Camp RYLA – Rotary Youth Leadership Award February 20 – 24, 2019



PARTICIPANT APPLICATION

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

SPONSORING CLUB:

Student Info	Name:	_____	Nickname:	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
	Email:	_____	DOB / Age:	_____ / _____			
	Address:	_____	City, State, Zip:	_____			
	Home Phone:	_____	Cell Phone:	_____			
	High School Name:	_____			Grade:	_____	
	<u>T-Shirt Size</u>	<input type="checkbox"/> XSmall	<input type="checkbox"/> Small	<input type="checkbox"/> Med	<input type="checkbox"/> Large	<input type="checkbox"/> XLarge	<input type="checkbox"/> 2XL (unisex sizing)

Parent / Guardian	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian
	Name: _____	Name: _____
	Address: _____	Address: _____
	City, State, Zip _____	City, State, Zip _____
	Home Phone # _____	Home Phone # _____
	Cell Phone # _____	Cell Phone # _____
	Email Address: _____	Email Address: _____
	Alternate Contact Name / Relation / Phone Number: _____	

Medical Information	Physician Name: _____ Phone: _____ Health Insurance Name _____ <input type="checkbox"/> N/A and Policy # _____		Do you have any limiting physical disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____ _____	
	Can you swim? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you wear contact lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you under the influence of any chemical substance including alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No		List Known Allergies (i.e. medicine, insect, food, etc.) _____ _____ _____	
			Do you carry a sting/bite kit? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you carry an EpiPen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Place a checkmark next to any of the conditions/symptoms below that you currently have or have had in the past.		List any other condition(s) we should be aware of: _____ _____ _____	
	<input type="checkbox"/> Heart Disease or Heart Attack <input type="checkbox"/> Chest Pains, Palpitations or Heart Murmur <input type="checkbox"/> Back, Neck or Knee Problems	<input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Drug Reactions <input type="checkbox"/> Stroke	<input type="checkbox"/> Asthma <input type="checkbox"/> Inhaler present? <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy	

Any history of any of the above conditions/symptoms in your family? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you recently had surgery or an injury that required medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____			
List any medications you are currently taking or have taken in the last 3 months below.			
Medication Name	Prescription	Non-Prescription	Condition Being Treated?
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

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 **February 20 – 24, 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 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 6980, 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 6980, 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 6980 and the sponsoring Rotary Club permission to use the image of the above-named minor for educational and promotional purposes. In addition, Rotary District 6980 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 Printed Name	Signature	Date
Parent / Guardian Printed Name	Signature	Date

Required ----- NOTARY ----- Required

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 2018

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
Phone: 352-669-9443 or 1-800-523-1673

ROPES CHALLENGE COURSE February 20 – 24, 2019
PARTICIPATION AGREEMENT - ASSUMPTION OF RISK

1. I (Participant's 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:
 - a. Extreme temperature or weather conditions bruises and/or scrapes to body, risk
 - b. of falling and/or equipment failure, bee stings or insect bites, emotional distress, heat exhaustion-heat stroke, serious 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.**

Signatures Next Page

ROPES CHALLENGE COURSE
February 20 – 24, 2019
PARTICIPATION AGREEMENT - ASSUMPTION OF RISK

Ropes Challenge Course
Signature Page

Participant Printed Name	Signature	Date
Parent / Guardian Printed Name	Signature	Date
Parent / Guardian Printed Name	Signature	Date

Required ----- NOTARY ----- Required

STATE OF FLORIDA

COUNTY OF _____

[SEAL]

Sworn to (or affirmed) and subscribed before me this _____
day of _____, 2018

By: ☐ Personally Known OR ☐ Produced Identification

Type of Identification Produced: _____

Notary Public Signature: _____

My Commission Expires: _____

STATEMENT OF LEADERSHIP RESPONSIBILITY

I, _____ UNDERSTAND THAT:

I WILL:

1. ...honor the commitment I have made to attend Camp RYLA from February 20 - 24, 2019 and will notify my sponsoring Rotary Club immediately if a conflict arises.
2. ...be on time and attend all meals, meetings and activities scheduled for my group.
3. ...immediately report any inappropriate acts of conduct that I personally observe by and or between my fellow Camp RYLA attendees to the Camp RYLA Co-Chairs. It is my duty and responsibility as a leader to do so.
4. ...SLEEP IN THE CABIN WHICH I AM ASSIGNED.
5. ...turn out cabin lights at the scheduled time. When lights are turned off, I will be quiet thereafter and not leave my cabin unless in an emergency.
6. ...only use my phone during permitted and scheduled recreation times, breaks or while in my cabin. If used at other times, I understand they will be confiscated and returned at the end of the conference.
7. ...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.
8. ...report any damage or breakage immediately to the Camp RYLA Committee.
9. ...notify RYLA Chairs and leaders of my MEDICATIONS, whether prescribed or "over the counter," and I will identify them clearly on the container.

I WILL NOT:

10. ...arrive late without written permission from the RYLA Chair.
11. ...leave Camp RYLA earlier than scheduled or without the express permission of one of the Camp RYLA Committee Co-Chairs.
12. ...UNDER ANY CIRCUMSTANCE, make my way to the cabin area assigned to females if I am a male, or make my way to the cabin area assigned to males if I am a female. I understand that doing so will likely result in removal from the Camp and forfeit my ability to return in the future.

13. ...miss any scheduled activities for my group and understand that recreation activities are limited to those periods of the day and evening when formally scheduled.
14. ...move any person who becomes injured or ill. I will contact a member of the Camp RYLA Committee immediately.
15. ...smoke or use other tobacco products. No exceptions.
16. **...UNDER ANY CIRCUMSTANCE, BRING UNIDENTIFIED MEDICATIONS, ALCOHOL, TOBACCO, WEAPONS, OR OTHER UNLAWFUL SUBSTANCE TO CAMP RYLA.** I understand that any unlawful substances found in my possession or that of another student will be confiscated and the student will be expelled from Camp RYLA. Law enforcement may be called if deemed appropriate.
17. ...use or encourage foul or abusive language (including anything of a discriminatory nature). I understand this 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.
18. ...participate in or contribute to **ANY** sexual or lewd misconduct by and/or between myself and other participants. This is considered unacceptable behavior.
19. ...repeat information shared by members of my group with others. I understand that confidentiality is important. However, the Camp RYLA committee members are mandated by law to report any suicide or abuse issues to the proper authorities.

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.

_____	_____	_____
Participant Printed Name	Signature	Date
_____	_____	_____
Parent / Guardian Printed Name	Signature	Date
_____	_____	_____
Parent / Guardian Printed Name	Signature	Date

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; and sexual leering or whistling, any inappropriate physical contact such as brushing 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.

_____ Participant Printed Name	_____ Signature	_____ Date
_____ Parent / Guardian Printed Name	_____ Signature	_____ Date
_____ Parent / Guardian Printed Name	_____ Signature	_____ Date