



ROTARY DISTRICT 7930

ROTARY YOUTH LEADERSHIP AWARDS

June 2-4, 2017

## STUDENT APPLICATION

### Application Process

1. Students in **grades 10 or 11 (sophomore or junior)** are eligible to attend RYLA.
2. **STUDENTS--** Please complete and sign page 2 and 3 of this application and attach a typewritten essay of at least one and not more than two double-spaced pages that describes all three of the following:
  - a. Your most rewarding leadership experience and the role you played in making it a success
  - b. A leadership experience that didn't go the way you expected and what you learned from it
  - c. A situation that frustrates you and your top three ideas for improving it
3. Both the student and parent / guardian must sign the form
4. **A \$20 application fee** made out to the sponsoring Rotary Club must be submitted with the application. This fee will be refunded to any applicant who is not selected to participate in this program. The sponsoring Rotary Club will cover all other program fees for selected applicants.
5. **This application including Medical Information & Release Form, essay and \$20 student payment must be submitted no later than May 1 to:**

Sponsoring Rotary Club: \_\_\_\_\_

Rotary Club RYLA Chair & Contact Information: \_\_\_\_\_

Sponsoring Rotary Club Mailing Address: \_\_\_\_\_

---

**STUDENT APPLICANTS SHOULD RETAIN PAGE 1 OF THIS APPLICATION FOR ROTARY CONTACT INFORMATION**

---

6. **Once The Sponsoring Rotary Club has approved up to five applications, all applications including essays and \$150 per student payment must be submitted by May 15 to:**  
***Tracy Arabian 33 Maplewood Avenue, Unit 206, Gloucester, MA 01930***

June 2-4, 2017

**STUDENT APPLICATION**

---

**TO BE COMPLETED BY STUDENT:**

---

**PLEASE PRINT LEGIBLY**

Sponsoring Rotary Club *(from page 1 of this application)*: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

School: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing City, State ZipCode: \_\_\_\_\_

Best Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Grade:  10  11      Age: \_\_\_\_\_      Sex: \_\_\_\_\_      T-shirt Size:  M  L  XL  XXL

The RYLA program takes place at **Camp Rotary**, 372 Ipswich Road in Boxford, MA. The program starts promptly at **4pm on Friday** and ends promptly at **4pm on Sunday**. I understand that the effectiveness of this program for myself and the other attendees depends on my ability to be at Camp Rotary **continuously from 4pm on Friday until 4pm on Sunday, to participate in conference activities** (including outdoor activities and activities requiring a moderate amount of physical exertion), and to **follow camp rules** (see attached Rules of Conduct) in a manner appropriate and consistent with the values and guidelines of my school district.

Date \_\_\_\_\_      Student Signature \_\_\_\_\_

Date \_\_\_\_\_      Parent/Guardian Signature \_\_\_\_\_

**Thank you for applying**

June 2-4, 2017

**STUDENT APPLICATION**

---

**TO BE COMPLETED BY PARENT/GUARDIAN:**

---

**PLEASE PRINT LEGIBLY**

Understanding that all reasonable precautions for safety will be taken, I grant members of the RYLA District Committee permission to authorize emergency medical treatment by a medical doctor or hospital.

I understand that RYLA representatives may take photographs, videotape, or digital recordings of my child over the course of the weekend, **and I agree** that RYLA and Rotary District 7930 may use such media, with or without my child's name, for any lawful purpose including publicity, illustration, advertising, and web content.

I have read the copy of the camp rules (see attached Rules of Conduct), and ensure that my son/daughter, if accepted, will be in full compliance.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE CONTACT: (please print)**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Work #

\_\_\_\_\_  
Home #

**THIS APPLICATION MUST BE ACCOMPANIED BY THE 2017 MEDICAL INFORMATION & RELEASE FORM.**

**Thank you for your interest in RYLA!**



ROTARY DISTRICT 7930  
ROTARY YOUTH LEADERSHIP AWARDS

**2017 MEDICAL INFORMATION & RELEASE**

If selected and able to attend RYLA, this information will be provided to our trained medical staff. Staff member will be on-site at Camp Rotary for the duration of the RYLA, and this information will be in their possession at all times. A parent or guardian must complete this form, and it is important that the information is complete and accurate.

Child's Name: \_\_\_\_\_

Town: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

**Emergency Contact (please print):**

\_\_\_\_\_  
Name Relationship to Student

\_\_\_\_\_  
Best Phone Number Alternate Phone Number

**Please list your child's allergies, if any:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list and explain any health conditions or physical limitations:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(continued on next page)

**Please list all medications (prescription and over the counter) that your child will bring to RYLA.**  
 Include as-needed and emergency medications.

| Medication Name (as labeled) | Dosage | Time(s) Taken (e.g., "with lunch" or "bedtime") |
|------------------------------|--------|---|
|                              |        |   |
|                              |        |   |
|                              |        |   |
|                              |        |   |
|                              |        |   |
|                              |        |   |

**IMPORTANT:** All medications must be in the original container. Medications will be administered by medical staff, and must be given to the staff member at registration. If your child must carry emergency medication (such as an inhaler), and may self-administer, please note under "Times Taken."

**Provider Information:**

Child's Primary Care Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Child's Health Insurance Provider: \_\_\_\_\_

Child's Primary Care Doctor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---



---

I hereby give permission for my child to participate in the above-mentioned school-related student trip(s). All health information provided by me for RYLA is correct and accurate to the best of my knowledge. I authorize trained medical staff to assist my child with his/her medication as my child's healthcare provider or I have directed, if needed. In addition, in the event of accident or sudden illness while at Camp Rotary, I authorize RYLA personnel to have my child transported by EMS to the nearest hospital and authorize treatment as may be deemed necessary in an emergency for the health of said child. In the event physician(s), parent(s), or other persons designated by the parent cannot be contacted, RYLA personnel are hereby authorized to take whatever action is deemed necessary in their judgment for the health of said child.

\_\_\_\_\_  
 Parent/Guardian's Signature

\_\_\_\_\_  
 Date



## Rotary District 7930 RYLA Rules of Conduct:

1. **Students must receive transportation to and from Camp Rotary. We do not have a place to park student cars.**
2. Students are part of a family / team at RYLA, and coming late or leaving early disrupts the learning environment. We require students to be at the camp for the entire duration of the program.
3. Students will attend and participate in all scheduled meetings and activities.
4. Students will conduct themselves at meals, in the family cabins and during all activities in a manner that will bring credit to themselves, their schools, their families, and their sponsors.
5. **SMOKING IS PROHIBITED.** This is to respect all participants and to avoid potential fire hazards.
6. **ANY MEDICATIONS**, whether prescribed or “over-the-counter”, must be identified on the containers and given to the Medical Staff for medication administration. Inhalers and epi-pens may be kept by the students as long as Medical Staff are notified that the student is in possession of such medication.
7. **Alcohol, Drugs and Unidentified Medications are NOT ALLOWED Anywhere at Anytime.** Any student in possession of ANY of these items will be immediately discharged from the program
8. Recreation activities are limited to those periods of the day and evening available for such activities
9. **Injuries** must be reported immediately to the Medical Staff
10. Personal music devices are permitted during free time, evenings and scheduled breaks
11. **Cell Phones** can be a distraction from full participation in the program. If you wish to use the camera on your cell phone, you may keep it with you during the day for **camera use only**. **Cell phones being used for texting, social media, or phoning during the day—either incoming or outgoing—is prohibited. Misuse of the cell phone may result in camera privileges being rescinded and phones being turned off.** Cell Phone use is allowed only in and around the sleeping cabins between the conclusion of the last scheduled activity and “Lights Out.”
12. Every activity at RYLA involves solving a problem with your family. If you receive notifications via your cell phone during activities, this will impact how you respond to the activity and can negatively impact you and your family’s experience. ***If you are found using your cell phone for any communications during the day, you will be asked to surrender it for the remainder of the weekend.***
13. **LIGHTS-OUT** means quiet in the cabins with the lights out. We have a full program schedule and it is important to be well rested to get the full benefit of the program.
14. **Meals:** “Family” meals are to be taken together with your discussion group members. “Open Seating” meals are intended for meeting other students and sharing your weekend experience with them as you wish. Each group is responsible for cleaning their eating area after each meal.