

**Rotary International District 6170**

**Thursday, April 16 to Sunday, April 19, 2014**

**4-H Center, Ferndale, Arkansas**

**APPLICATION DEADLINE**

**January 30, 2015**

**www.facebook.com/RYLA6170**

**SPONSOR CLUB INFORMATION - MUST BE COMPLETED BY ROTARY CLUB**

**Rotary Club\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(cell)**

**Contact Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact e-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT INFORMATION –**

***Please TYPE or PRINT (We must be able to read your handwriting)***

**PLEASE ATTACH RECENT PHOTOGRAPH HERE**

FOR THE CAMP RYLA DIRECTORY THAT WILL BE DISTRIBUTED TO CAMPERS.

**You may also email the photo to the RYLA Chair**

**Lesia Gill**

**Lgill71@gmail.com**

**Please do not FAX photos.**

* Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Street address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Zip code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Home phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Gender Male □ Female □
* What first name do you want us to use for your nametag?

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

* High School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Current grade 10th □ 11th □
* Parent/Guardian name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Parent/Guardian home phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Parent/Guardian bus./mobile phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* In case of emergency during the camp, who should we contact for you?
* Parent/guardian list above \_\_\_\_\_\_\_ **OR**Other person specified below:
* Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Relationship to you:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Home phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Business/mobile phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Use back of sheet if necessary to answer the questions below.***

ACADEMIC ACCOMPISHMENTS: Honor Roll, Awards, Special Classes: ­­­­­­­­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXTRACURRICULAR ACTIVITES & LEADERSHIP POSITIONS HELD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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VOLUNTEER/COMMUNITY SERVICE ACTIVITES: ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

HIGH SCHOOL SPORTS PARTICIPATION: List years, awards, and any honors.

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

WORK EXPERIENCE (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## **STUDENT'S PERSONAL INFORMATION**

## **(For Camp Planning and Safety Use Only-Not Used for Selection Purposes)**

* Are you currently taking any medications that they need assistance administering? If so, please list and explain assistance needed. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Do you have any medical conditions that need to be monitored by a medical professional during the camp? If so, please list and explain assistance needed. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Do you have any allergies (including food allergies) ? If so, please list. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* Have you had surgery, fracture, accident or some other injury or illness that might affect your ability to undertake physical activity? If so, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Do you have any special dietary requirements (examples: vegetarian, diabetic)? If so, please specify.

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

* What is the name of your local newspaper? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* CampRYLA usually includes a dance. If scheduled, everyone is required to attend but is NOT required to dance. Do your personal beliefs prohibit attending a dance? Yes □ No □
* If the dance is scheduled, what sort of music would you like the D.J. to play?

Dance/Hip Hop□ Rap □ Rock □ Country □ Alternative □ Other □ Please specify \_\_\_\_\_\_\_\_\_\_\_\_

* What is your favorite dance song? Who is the artist? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What is your t-shirt size (in adult sizes)? S □ M □ L □ XL □ XXL □ XXXL □
* What is the biggest challenge facing your community? (examples could be more activities for youth, jobs, education, safety/violence ect…) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| **Publications, Video, Internet Consent and Release Agreement For Youth** | | | | | | | |
|  | | | | | | | |
| Youth who attend or participate in programs or events conducted by the University of Arkansas Cooperative Extension Service and Camp RYLA are occasionally asked to be part of the county and/or statewide publicity, promotion, marketing efforts and/or public relations activities or projects, and/or to appear in educational and curriculum material developed by the Cooperative Extension Service. In order to guarantee your child’s privacy and ensure your agreement for your child to participate, the University of Arkansas Cooperative Extension Service and Rotary District 6170 asks that you sign this form for each of your participating children.  By your signature on this form, you approve the University of Arkansas Cooperative Extension Service and Rotary District 6170, should it choose, to use your child’s name, picture, art, written work, voice, verbal statements or portraits (video or still) in any educational and/or promotional printed or electronic piece that furthers Extension’s educational and/or public relations efforts during this and subsequent years. This includes but is not limited to external news media outlets, printed and/or broadcast, Cooperative Extension web site, brochures, displays, newsletters, curriculum guides, purchased advertisements or other means of communicating with the public about Cooperative Extension Service and/or Rotary programs and services. The pictures, recordings, articles, copy or other means of communications may or may not personally identify your child. | | | | | | | |
|  | |  | | | | |  |
| The University of Arkansas Cooperative Extension Service and Rotary District 6170 agrees that the youth’s name, picture, art, written work, voice, verbal statements, portraits (video or still) will only be used for Extension’s public relations, public information, promotion, publicity and marketing efforts and/or to support its educational program.  Youth and Parent/Guardian understand and agree that:  • No monetary consideration shall be paid;  • Consent and release have been given without coercion or duress;  • This agreement is binding upon heirs and/or future legal representatives;  • The photographs, video or student statements may be used in subsequent years;  • If the Youth and Parent/Guardian wish to rescind this agreement, they may do so at any time with written notice. | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Effective Date of Agreement | | |  | | |  | |
| Parent/Guardian: (Print name) | | | |  | | | |
|  | | | | |  | | |
| Signature |  | | | | | | |

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| **STATEMENT OF UNDERSTANDING/MEDICAL INFORMATION**  I am aware in signing this statement for participation in the Rotary District 6170 RYLA programs at the Arkansas 4-H Center that certain activities are physically demanding. Therefore, physical fitness will increase your enjoyment and ability for participation in the activity. If for any reason you question your ability to participate in the activity, please consult with the instructors prior to participation. While it is impossible to foresee all possible dangers, some of the specific hazards which you might encounter while using the High Ropes Course and Initiatives Course include: Slipping or falling on the trail, bumps, bruises, cuts, insect bites, poison ivy, sprains, fractures or other injuries. Please note that most activities are conducted in the out-of-doors in all kinds of weather so proper dress (rain gear, warm clothing) are essential to avoid exposure to the elements. The instructors of the course will take every reasonable precaution to minimize exposure to known risks, however, as a participant you acknowledge the nature of the activity and the fact that not all of the stresses and hazards connected with the activity can be foreseen. You have the personal responsibility to follow the established safety rules and procedures to the extent that you participate in such activities. If at any time you have questions about the activity, you have the responsibility to consult with your instructor.  I recognize that there is a significant element of risk in any adventure, sport or activity associated with the outdoors. Knowing the inherent risks, dangers and rigors involved in the activities, I certify that my family and I, including any minor children, are fully capable of participating in the activities.  I assume full responsibility for my family and myself, including any minor children, for bodily injury, death, loss of personal property and expense thereof, as a result of my family member(s) participating in the ExCEL Challenge Program and Camp RYLA. | | |
| **EMERGENCY MEDICAL INFORMATION** | | |
| Please Check Yes or No | | |
| Yes No | | |
| □ | □ | Allergies to foods, drugs, insect bites, dust. Please identify them and your reaction. |
|  |  |  |
| □ | □ | Physical disabilities or conditions which might limit your participation. Please identify them. |
|  |  |  |
| □ | □ | If you are presently taking medication, please identify the medication. |
|  | | |

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| --- | --- |
| **Parent or legal guardian must sign for all persons under 18 years of age.** | |
| I understand that health services will be available and that adult supervision will be provided. If an illness or injury develops, medical and/or hospital care will be provided and I will be notified as soon as possible. I will not hold liable the University of Arkansas, the Arkansas 4-H Foundation, the Arkansas Cooperative Extension Service, Rotary District 6170 or its employees and/or volunteers for any injury or damage received by my child while he/she is being transported or is engaged in this activity. | |
| I understand and accept the above statement and further authorize each of the following: | |
|  | |
| A. | The health history is correct and the participant has my permission to engage in all program activities. |
| B. | I grant permission to the attending physician and/or the attendant health service staff to employ such diagnostic procedures and medical treatment as deemed necessary. |
| C. | I authorize medical care units to release medical record information to the health insurance carrier for the 4-H events and/or the Cooperative Extension Service in or to process claims. |
| D. | I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians and/or health care units. |
|  | Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **(If 18 or under, parent or Guardian must sign.)** |

**\*PLEASE ATTACH A COPY OF STUDENT'S HEALTH INSURANCE PROVIDER CARD,**

**IF STUDENT IS INSURED.**

**CODE OF CONDUCT**

Rotary International District 6170 wishes to provide all of the participants of the CampRYLA program with a safe, secure setting. In order to do this, your cooperation with the following rules is required. The following are the rules for all Rotary International District 6170 Camp RYLA campers, counselors, volunteers, and visitors.

* **CAMP RYLA PARTICIPANTS ARE EXPECTED TO ARRIVE AT THE SCHEDULED TIME, TO ATTEND THE ENTIRE CAMP, AND TO DEPART NO EARLIER THAN THE SCHEDULED CLOSE OF CAMP.**
* Campers are not to drive themselves to the 4-H Center or to have an automobile available to them during the camp. In most cases, the student will be transported to the 4-H Center by a Rotarian from their sponsoring club and picked up by a parent or the sponsoring Rotarian.
* Campers are expected to attend all of the scheduled activities and meals, unless excused by the Camp RYLA Director.
* You will be assigned to a cabin and group to help you make new friends. You may not change cabins or groups without permission from the Camp RYLA Director.
* Possession or use of alcoholic beverages, drugs or medicine other than that prescribed to the camper by their physician and medically necessary at the time, any tobacco products, firearms, knives, or other weapons are prohibited and will result in the camper immediate expulsion from the camp. **The camper's parents will be responsible for transportation from the camp.**
* Televisions, laptop computers, video games and other solitary entertainment devices **should not be brought** to allow for the maximum interaction among the Camp RYLA participants.
* All CampRYLA participants are required to wear appropriate clothing (what is acceptable to wear to school or to sleep in at home) during CampRYLA. Nametags must be worn during waking hours.
* CampRYLA participants **should not bring** valuables such as expensive jewelry or excessive amounts of money to CampRYLA. Campers will be sleeping in cabins with no facilities to lock up such items.
* Campers may bring mobile phones to CampRYLA. However, mobile phones must be left in the cabins at all times except “free time.” Mobile phones must be turned off after “lights out” each evening. CampRYLA participants are responsible for safeguarding their own phones.
* Camp RYLA participants must respect the personal property of the individual participants and the property of 4-H center. Any participant who is responsible for damage, destruction, or theft will be personally responsible for the cost of repair or replacement, if necessary.
* CampRYLA participants are not allowed in cabins of members of the opposite gender.

**I have read and agree to abide by the rules and expectations set out above. Should the CampRYLA participant's conduct violate any of these rules or expectations, I understand that I can be dismissed from CampRYLA and my parent or guardian will be notified to pick me up immediately.**

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

Student signature Date Student's parent or guardian Date