



2013 Rotary Youth Leadership Awards (RYLA) Application

Student Information (required)

Name: _____
(Last) (First) (M.I.)

Preferred Name/Nickname: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____ Gender: __ M __ F T-Shirt Size: _____

School: _____ Fall 2013 Grade: __ 10th __ 11th __ Other
(please list year)

Parent/Guardian Information (required)

Parent/Guardian Name: _____
(Last) (First)

Emergency Contact Number(s): _____

E-mail: _____ Approx. # of Guests at Sat. Graduation: _____

Sponsoring Rotary Club Information (required)

Rotary Club Name: _____

Rotary Contact Person: _____
(Last) (First)

Phone Number(s): _____ Email: _____

Student Involvement

School/Community Involvement: Please list any community, church, or school activities in which you have participated. Please list any position(s) of responsibility or recognition you have received for your involvement.

Work/Volunteer: Please list any paid or volunteer work experience(s) and briefly describe it/them.

Do you currently have a job? Yes No **If so, how many hours per week do you work?** _____

If you participate in sports, please list them: _____

Please explain why you want to participate in the RYLA program? (Attach additional sheets, if necessary.)

Student Medical Information (required)

Do you have any physical or medical conditions or restrictions? If so, please explain: _____

Any known allergies: _____

Date of Last Tetanus Shot: _____

Physician's Name: _____ Physician's Phone: _____

Insurance Company: _____ Insurance Co. Phone: _____

Ins. Subscriber's Name: _____ Insurance ID Number: _____

May acetaminophen (such as Tylenol) be given to the student? _____ Yes _____ No

May stomach remedy medicines (such as Pepto Bismol) be given to the student? _____ Yes _____ No

Any additional information or special instructions: _____

**PLEASE ATTACH A COPY OF THE
STUDENT'S HEALTH INSURANCE CARD
TO THIS APPLICATION**

Photo Release

At various times throughout the RYLA Program, Rotary District 6760 representatives will be taking digital images, photographs, and/or videotapes of the program for public educational, promotional and/or informational purposes. When/if you or your child's likeness or image is used in a publication, there will be no identifying information provided (i.e. child's name, personal information) and no compensation.

I give permission to representatives of the RYLA Program and Rotary District 6760 to take and publish, in print, electronic, or video format, the likeness or image of my child and/or myself.

Student Signature

The RYLA program is an intensive leadership experience; and thus, partial attendance is not allowed. All applicants must be certain that full attendance will occur, if selected. As the student applicant, by my signature, I hereby commit to attend the entire 2013 District 6760 RYLA Program at Austin Peay State University from June 4 to 8, 2013, if selected for attendance.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature

As parent/guardian, by my signature, I realize that participation in the RYLA Program is voluntary; and thus, will not hold the sponsoring Rotary Club, Rotary Youth Leadership Awards, Rotary District 6760, Rotary International, or any RYLA staff people and contractors liable for possible injury or loss that may occur during the program. I am also aware of and agree to comply with the policy of attendance, as stated above.

Parent Signature: _____ **Date:** _____

Sponsoring Rotary Club Signature

As the representative of my District 6760 Rotary Club, by my signature, I confirm my Rotary Club’s sponsorship of the above named student applicant. I understand that it is my responsibility to assure that payment for my club’s sponsorship is attached to this application, when submitted.

Club Representative Signature: _____ **Date:** _____

Completed applications can be mailed with payment by March 31st to:

**District 6760 RYLA Committee
c/o Robert L. Huffman
3925 Sango Road
Clarksville, TN 37043**

Email: bob.huffman@ryla6760.org
Phone: 931-368-9176/931-265-7452

Checks Payable To: “District 6760 – RYLA”

Application Checklist

To apply for the 2013 Rotary Youth Leadership Awards (RYLA), submit all of the following:

- This completed application (all 7 pages)
- Copy of student's (or parent's) Health Insurance Card
- Fee payment (paid by the Sponsoring Rotary Club; Payable to 'District 6760 – RYLA')
 - \$400 for each participant
- Completed applications can be mailed by March 31st to:
District 6760 RYLA Committee
c/o Robert L. Huffman
3925 Sango Road
Clarksville, TN 37043

Application Process/Timeline

Jan. 15 th	Application materials made available to District 6760 Rotary Clubs
Feb. 1 st	Rotary Club provides application materials to prospective RYLA applicants
Mar. 1 st	RYLA applicants complete application materials and return to Rotary Club
Mar. 31 st	Rotary Club forwards applications (with \$400 payment) to the RYLA committee
May 1 st	Official 2011 District 6760 RYLA Acceptance Letters sent to selected RYLA participants
Jun. 4 th	RYLA program begins with check-in at 9:00 am
Jun. 8 th	RYLA program ends with graduation, which will be held from 2:30 pm to 3:30 pm

Schedule

Tues. Jun. 4 th	9:00 am 11:00 noon – 10:30 pm	Check-in Lunch and then RYLA activities all day
Wed-Friday	7:30 am – 11:00 pm	RYLA activities all day
Sat. Jun. 8 th	7:30 am – 2:30 pm 2:30 pm – 3:30 pm 3:30 pm	RYLA activities Graduation (family and friends invited to attend at APSU) Departure

Things to bring

- A Great Attitude!
- Bed linens (extra long twin), Mattress Pad, Pillow and Pillow Case
- Cover / Comforter (the building is air conditioned)
- Bath Towel, Hand towel
- Toiletries, etc.
- Casual, Comfortable Clothes for 3 ½ days
- Tennis Shoes / Sneakers (**Closed Toe Shoes are Mandatory for many events!**)
- Swimwear and sunscreen. There may be pool or other outdoor activities, depending on weather.
- “Award Ceremony Clothes” – Pictures will be taken of your award being presented to you. No, it doesn’t need to be a coat and tie, just something a little nicer.
- Photo ID
- Money – All your meals and needs are paid for by your sponsoring Rotary Club and District 6760. You only need to bring a small amount of money for vending machines or other incidental expenses, if you so desire.
- Cell Phone – You may bring a cell phone with you. However, they must be left in your residence hall room, during all days’ events.
- Electronic Devices – You may bring personal music devices like CD players, iPods, etc., but these may only be used during your free periods. You will be responsible for their security, if you choose to bring them.

Things NOT to bring

- Anything that may be taken for a weapon (pocket knife, etc.)
- Any potentially dangerous materials (fireworks, an elephant, etc.)
- Distractions. The RYLA program is an intensive leadership experience; and thus, students’ full participation and active involvement is necessary.

Cancelations

Cancelations on or after April 30th will result in no refund of any payment made. Rotary Clubs may choose a replacement, when possible, as determined by the RYLA committee. If it is possible for the Rotary Club to choose a replacement in a timely manner, all necessary paperwork must be submitted for the replacement student, by June 1st. If it is NOT possible for the Rotary Club to choose a replacement, as determined by the RYLA committee, the RYLA committee may choose a replacement (possibly from another club) without a refund of the original club’s fee payment.

More info

www.ryla6760.org

**Austin Peay State University Summer Camp
Parental Permission / Medical Authorization Form**

Child's Name: _____ Date of Birth: _____ Age: _____

Parent's Name: _____

Address: _____ Phone: _____

Street City, State, Zip

In case of an emergency, illness, or accident to the child, the APSU Staff is authorized to contact the following:

1st Contact Name: _____ Relationship: _____ Home # _____ Work # _____

2nd Contact Name: _____ Relationship: _____ Home # _____ Work # _____

HEALTH INFORMATION

List any health conditions that may need special consideration or attention (bee stings, allergies, epilepsy, diabetes, asthma, etc.)

Does your child take any medications? YES _____ NO _____ If yes, please indicate or list: _____

Allergies to any medications or anesthesia? YES _____ NO _____ If yes, please indicate or list: _____

Date of last tetanus shot: _____ Date of last physical exam: _____

Are there any sport activities that your child cannot participate in? _____

Personal Physician's Name: _____ Phone: _____ Do you have insurance? Yes _____ No _____

If yes, please complete the following:

Insurance Company: _____ Policy # _____

Subscriber's Name: _____ Relationship: _____

In the event of a medical emergency requiring more than basic first aid, I understand that all feasible attempts to contact me will be made. I also understand that in order to obtain the quickest medical treatment for my child Austin Peay State University will activate EMS and, if necessary, transport my child to the nearest emergency facility. Rather than follow this procedure I request that the following alternative plan be adopted for my child:

PARTICIPATION AGREEMENT

I understand and agree that there is a risk of serious injury to me while utilizing University Recreation facilities, equipment, and programs and recognize every activity has a certain degree of risk, some more than others. By participating, I knowingly and voluntarily assume any and all risk of injuries, regardless of severity, which from time to time may occur as a result of my participation in athletic and other activities through APSU University Recreation.

I hereby certify I have adequate health insurance to cover any injury or damages that I may suffer while participating, or alternatively, agree to bear all costs associated with any such injury or damages myself.

Parent or Guardian Signature: _____ Date: _____