

# ROTARY YOUTH LEADERSHIP AWARD (RYLA) CANDIDATE INFORMATION FORM

Rotary District 7150 RYLA program – at Cazenovia College

## **Section 1: To be completed by the RYLA Candidate:**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Called: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
(last) (first) (middle initial) (nickname)

Mailing Address: \_\_\_\_\_  
(street) (city) (state) (zip code)

Telephone number: \_\_\_\_\_ (H) \_\_\_\_\_ (cell) E-mail: \_\_\_\_\_

School Year entering Fall 2011: \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior T-Shirt Size (circle one): M L XL XXL

Awards, Recognition: \_\_\_\_\_

Special Interests / Talents: \_\_\_\_\_

Health Insurance Co. and Policy #: \_\_\_\_\_ Family Physician Info: \_\_\_\_\_

Limiting Physical Disabilities or Conditions: \_\_\_\_\_

Allergies or other health concerns: \_\_\_\_\_ Medication(s) presently taking: \_\_\_\_\_

Parent / Guardian I Name: - \_\_\_\_\_ Parent / Guardian II Name: - \_\_\_\_\_

Telephone: \_\_\_\_\_ (day) \_\_\_\_\_ (night) \_\_\_\_\_ (fax)

Emergency Contact Person: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: \_\_\_\_\_ (day) \_\_\_\_\_ (night)

I HEREBY APPLY FOR A ROTARY YOUTH LEADERSHIP AWARD and if selected, I AGREE TO:

- participate in all RYLA activities July 8-10<sup>th</sup>, 2011
- Complete all exercises and assignments as part of the RYLA program
- present a program on RYLA to my sponsoring Rotary Club.
- Abide by the rules of RYLA and the host institution.

\_\_\_\_\_  
*student signature*

\_\_\_\_\_  
*parent / guardian signature I*

\_\_\_\_\_  
*parent / guardian signature II*

## **SECTION 2: CLUB ENDORSEMENT (to be completed by sponsoring Rotary Club)**

The Rotary Club of \_\_\_\_\_ has interviewed \_\_\_\_\_ and will sponsor him/her for the RYLA seminar in the summer of 2011. We agree to pay the tuition costs for the seminar (\$300.) and provide for the student's transportation to Cazenovia College and return home following the graduation luncheon in Cazenovia, NY. The check, made payable to "Rotary District 7150" should be sent with this application..

\_\_\_\_\_  
*Name (Print) of Club President or Club RYLA Chairperson*

\_\_\_\_\_  
*Signature of Club President or Club RYLA Chairperson)*

\_\_\_\_\_  
*PHONE of Club President or Club RYLA Chairperson*

\_\_\_\_\_  
*EMAIL of Club President or Club RYLA Chairperson)*

Mail completed and endorsed applications to: Larry Richardson, RYLA committee Chairman, 2733 New Boston Road, Canastota, NY 13032

**DEADLINE MAY 16, 2011**

**SECTION 3: (to be completed by student)**

**Please answer (limit of two pages) on a separate typewritten paper the following question:**

*What is your definition of Leadership, and how do you currently and/or in the future see yourself fitting that definition?*

**SECTION 4: Rules and Conditions for participation**

- |   |   |
|---|---|
| <p>1 Obey the laws. If found guilty of any law infraction, US Federal, NY State or local municipality, the student can expect no assistance from his/her Rotary sponsors or Cazenovia College. The student will be returned to his/her parents/guardians as soon as he/she is released by authorities.</p> <p>2 The student is not allowed to possess or use illegal drugs. Medicine prescribed by a physician is allowed.</p> <p>3 The drinking of alcoholic beverages is expressly forbidden.</p> <p>4 Stealing is prohibited, without exception.</p> <p>5 Unauthorized leaving the Cazenovia College campus is not allowed at anytime during the seminar period.</p> <p>6 The student must be covered by a personal or parent/guardian health and life insurance policy.</p> | <p>7 The student must attend all seminar activities and participate to his/her fullest ability.</p> <p>8 The student must abide by the rules of Cazenovia College while on campus.</p> <p>9 This will be a smoke-free seminar including after scheduled activities and at all times while on campus.</p> <p>10 The student will attend the graduation luncheon in his/her honor following the formal seminar hosted by the Cazenovia Rotary Club. Their parents/guardians may join them at the luncheon at a nominal cost.</p> <p>11 The use of cell phones except for emergencies is prohibited at the RYLA Conference</p> <p>12 Visits by parents/guardians, siblings and/or friends while attending the seminar will not be allowed. .</p> |
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***Declaration:***

In consideration of the acceptance and participation in the RYLA program, the undersigned Applicant and his/her Parents or Legal Guardians, to the fullest extent of the law, hereby release and hold harmless and indemnify, all members, officers, directors, committee members and employees of Cazenovia College, sponsoring Rotary Clubs and Rotary District 7150, and of Rotary International, from any and all liability for any loss, property damage, personal injury or death, including any such liability which may arise out of the negligence of any such persons or entities, which may be suffered or claimed by such applicant, parent or guardian during or as a result of the participation by the applicant in the RYLA program.

We give permission for any and all medical care as identified in the "Permission for Medical Care and Release" which we have signed and which may be deemed necessary or advisable for the treatment of any illness or injury suffered by the applicant.

We agree to abide by the above "Rules and Conditions of Participation" and understand that violation may result in dismissal from the RYLA program. We also agree that the Cazenovia College RYLA Seminar Director and the Rotary District 7150 RYLA program Facilitator will have final authority in enforcing these rules and conditions.

Signed: \_\_\_\_\_  
(applicant)

Signed: \_\_\_\_\_  
(father/guardian)

Signed: \_\_\_\_\_  
(mother/guardian)

# ADDITIONAL FORM REQUIRED BY CAZENOVIA COLLEGE FOR UNDERGRADUATE RYLA

## Release of Liability

The RYLA Program involves a variety of activities that often include games, group initiative problems, low and high ropes course elements, other physical adventure activities, and living in a residence hall. Attendance at all events is required while the level of participation in an individual activity is at all times completely up to the individual's choice. Yet there is a risk, which must be assumed by each participant that he or she may suffer an emotional or physical injury.

Policy for participation in this program requires that every participant complete this form and the candidate information form. Certain health/medical information must be made known to the leaders conducting your course so they are prepared to respond appropriately if the need arises. This information will be held in confidence. Please complete this form and return it along with the candidate information form to your sponsoring Rotary Club. This completed form is necessary to participate in the District 7150 RYLA program at Cazenovia College.

## Permission for Medical Care and Release

I, \_\_\_\_\_ am applying to participate in the Rotary District 7150 RYLA Program at Cazenovia College.

We, the parents/guardians and I, the applicant are aware that the activities in which I plan to participate involve certain personal risks. I have noted on the "candidate application form" any medical or physical conditions I have which might effect my participation in this activity. I therefore, release all right of claim for damages against Cazenovia College, Rotary International, Rotary District 7150 and Rotary District 7150 Clubs, and all individuals assisting with and conducting these activities for any injuries suffered by me in connection with this activity. In the case of an emergency, I give the leaders of this activity permission to authorize emergency medical treatment by a licensed physician, surgeon, dentist for me, to select the appropriate medical facility and physicians/dentists to provide that treatment.

We/I give permission for any operation, administration of anesthetic or blood transfusion, which a medical practitioner may deem necessary or advisable for the treatment of our son/daughter.

We do request that we be notified as soon as possible, but emergency treatment need not be delayed to provide such notice.

In the case of elective surgery, we/I request that we/I be notified prior to such arrangements.

We/I agree to assume all financial obligations beyond those covered by insurance for any treatment offered. We further release Cazenovia College, Rotary International, Rotary Districts, Rotary Clubs and Rotarians from damages arising out of ordinary negligence, excepting gross negligence or intentional conduct, during the time they are providing care and control of our son/daughter.

I am aware that I am expected to abide by all the rules of Cazenovia College, rules of the Rotary District 7150 RYLA program, as well as all state and federal laws. Failure to do so will be justification for my dismissal from the program.

\_\_\_\_\_  
(participant's signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(parent/guardian signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(parent/guardian signature)

\_\_\_\_\_  
(date)