



District 5400
August 2-5, 2012
College of Southern Idaho
www.ryla5400.weebly.com

WHAT IS RYLA?

Rotary Youth Leadership Awards is an intensive leadership training program for young adults. District 5400 hosts incoming sophomores through outgoing seniors in high school for a 4-day leadership camp at the **College of Southern Idaho** in **Twin Falls, Idaho**.

The dates for RYLA 2012 are August 2-5.

Talented young people will attend seminars, workshops and participate in experiential exercises in the form of a ropes course throughout the camp.

APPLICATION STEPS

Turn your application for RYLA in to your local Rotary Club along with the signed waivers.

DUE JUNE 1, 2012

QUESTIONS

Contact:

Natalie Lemas
Natalieryla@yahoo.com



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**PLEASE E-MAIL A
WALLET-SIZE PHOTO
FOR OUR
CAMP DIRECTORY**

NATALIERYLA@YAHOO.COM

PERSONAL INFORMATION

Name: _____
Sex: _____
Birthday: _____
Age: _____

Sponsoring Rotary Club: _____ High School: _____

Grade: _____
E-Mail Address: _____

Cell Phone: _____ Home Phone: _____

Mailing Address: _____

Hobbies: _____

T-Shirt Size (circle one): X-SM SM MED LRG XL 2XL

ADULT CONTACT

Relationship to Participant: _____
Name: _____ E-mail Address: _____
Phone: _____

FREE RESPONSE QUESTIONS (LIMIT RESPONSE TO ONE PAGE TOTAL)

What are you passionate about?
In your opinion, what is the most significant challenge teens are facing today?
Why are you applying to RYLA?



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CONSENT FORM

Student Name:
Rotary Club:
Parent Name:
Parent Phone #:

RYLA 5400 has a website <http://ryla5400.weebly.com/> that describes in detail the location, event, supervision, safety policies, curriculum and activities of this event. This consent form is evidence that parents of students under 18 years of age have been given enough reasonable information to give permission to Rotary and to their child to attend the event. PLEASE NOTIFY STAFF OF ANY PHYSICAL, EMOTIONAL OR MENTAL LIMITATIONS REGARDING YOUR CHILD ON A SEPARATE PAGE.

STUDENTS MUST ATTEND THE ENTIRE EVENT

– They must arrive on time and stay through closing ceremonies. Due to the nature of the curriculum no excuses will be granted for leaving for any reason other than emergencies. THERE IS A WAITING LIST TO GO TO THIS EVENT, PLEASE KEEP YOUR COMMITMENT OR CANCEL IMMEDIATELY.

CONSENT TO TRANSPORT A MINOR

– Students are not allowed for any reason to drive themselves to the event. Parents may drive their sons or daughters in either direction or both directions. Rotarians have volunteered their time to provide transportation for your convenience. Your local Rotary club must make arrangements with your family directly. Rotary International/5400 does not assign, pay or insure the volunteers who drive any students. You must decide if the driver and their vehicle are reliable and safe enough for your son or daughter.

MEDIA RELEASE

– Students images, names and school names may be used for the purposes of advertising, promotion, or recognition. Student's personal information will not be released to the public. Use of student's image and information is not for profit and compensation is not available to any person for any reason.

PERMISSION TO DISPENSE MEDICATION

– Event administrators from time to time may provide, upon request, over the counter medication for minor aches, pains or allergies following the descriptions, use and dosage provided by the manufacturer of the medication. If you don't want your son or daughter to be offered over the counter medication, please return a note with this signed document indicating your wishes.

You agree to hold Rotary International/5400/Local Club harmless against injury, loss or damage arising from your son or daughter's attendance at the event. Although, safety policies and procedures are in place, there is risk of injury due to the nature of the outdoor activities and elements of the campus. Your son or daughter has the right to refrain from participating in physical activities.

Parent/Guardian Signature: _____
Date: _____

Fax to (208) 344-0287



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CSI CHALLENGE COURSE

APPLICANT INFORMATION AND CONFIDENTIAL MEDICAL INFORMATION

The CSI Challenge Course uses a variety of activities including warm-ups, games, team-building initiatives and low and high Ropes Course activities. Although some of these activities can be physically demanding, they are designed to be safe and within the capability of anyone in reasonably good health. The CSICC operates under the "Challenge by Choice" philosophy. This means that you have the option to select your personal level of challenge in all activities or choose not to participate in an activity. If you begin an activity and do not want to complete it, it is your right to ask to quit the activity. The CSICC facilitators will assist you in a manner that is safe for you and other participants. During the program, we will provide a challenging setting in which to expand your limits, while supporting your personal boundaries. As with any physical activity, there is some risk of injury. To minimize the potential for accidents, it is important to listen to the facilitators and follow their instructions. Please ask questions if you do not understand directions.

Name: _____

Date: _____

Address: _____ City: _____

State: _____ ZIP _____

Phone: _____

Emergency Contact: _____

Relationship: _____

Phone: _____ Health/Accident Insurance: _____

Do you have any current or past physical or mental conditions, which might limit your participation in CSICC activities?

NO _____

YES _____

If yes, identify and explain:

Are you currently taking any medications? No _____ Yes _____

If yes, please list:

Do you have any allergies, reactions to medications or other medical limitations?

No _____ Yes _____

If yes, please explain:

I affirm that I have answered the above questions accurately and completely and that I am not under a physician's care for an undisclosed condition that bears upon my fitness to participate in CSICC activities. I the undersigned, assume and understand that there are inherent risks of bodily injury or damage to property that accompany my participation in CSI Challenge Course activities. By signing below, I acknowledge that I have fully satisfied myself as to the nature of the activities that I will be participating in, the risks associated with each of the activities, the concept of "Challenge by Choice" and my responsibility to know my own limits. Having chosen to participate in any activity and accepting full responsibility for my own choices, I hereby release the College of Southern Idaho and the CSI Challenge Course it's staff members, and persons participating as instructors in these activities, from any and all liability for bodily injury, emotional injury or loss of property.

Signature: _____ **Date:** _____

Signature of Parent or Guardian if under 18:

CSI Challenge Course has my permission to seek emergency medical care for the participant in the event that:

- (1) The health and well-being of the participant is involved;
- (2) The participant or parent/guardian is unable to respond or cannot be reached at the time of the emergency;
- (3) Due to the nature of the emergency, there is insufficient time to contact the parent or guardian.

Participant Signature:

Signature of Parent or Guardian if under 18:

PHOTO MEDIA RELEASE

I grant the CSI Challenge Course the right to use, reproduce, assign and distribute photography, films, videotapes and sound recording of myself or my child for use in promotional materials they may create.

Signature of Parent or Guardian if under 18:

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