



## ROTARY DISTRICT 7850 RYLA 2018 REGISTRATION FORM

**RETURN THIS FORM TO YOUR SPONSORING ROTARY CLUB**

### RYLA Participant Information

Congratulations! You have been awarded a scholarship to attend the Rotary Youth Leadership Awards (RYLA) Conference, held at Lyndon State College from **Friday, June 22, 8:00 am to Sunday, June 24, 2018, 1:00 pm.** **You and your parent or legal guardian should complete this form together.** This form and the release forms are mandatory to meet the requirements of Rotary and our RYLA partner, Lyndon State College. Thank you in advance for completing these forms in detail and legibility.

**IMPORTANT!!! RETURN THIS FORM BY EMAIL AND MAIL A SIGNED HARDY COPY TO THE ROTARY CONTACT PERSON LISTED ABOVE**

Last Name [Click here to enter text.](#) First Name [Click here to enter text.](#) Middle Initial [Click here to enter text.](#)

Mailing Address [Click here to enter text.](#)

City / Town [Click here to enter text.](#)

State (Province)

Zip+4 (Postal) Code [Click here to enter text.](#)

Physical Address, if different [Click here to enter text.](#)

Name of School Attending in August [Click here to enter text.](#)

City/Town [Click here to enter text.](#)

Grade [Click here to enter text.](#)

Date of Birth: [Click here to enter a date.](#)

M

F

Home Phone [Click here to enter text.](#)

Student Cell Phone [Click here to enter text.](#)

Student Primary E-Mail Address [Click here to enter text.](#)

My T-Shirt Size is: \_\_\_\_\_

List prior Rotary activities in which you have participated, if any: [Click here to enter text.](#)



## PARENT INFORMATION

**Legal Custodian #1 Last Name**

Click here to enter text.

**First Name**

Click here to enter text.

**Specify Relationship  
(Mother, Father, Step-, Grand-, etc.)**

Click here to enter text.

**Mailing Address**

Click here to enter text.

**City / Town**

Click here to enter text.

**State (Province)**

Click here to enter text.

**Zip+4 (Postal) Code**

Click here to enter text.

**Physical Address, if different** Click here to enter text.

**Home Phone** Click here to enter text. **Cell Phone** Click here to enter text. **Work Phone** Click here to enter text.

**E-Mail #1** Click here to enter text.

**E-Mail #2** Click here to enter text.

**Legal Custodian #2 Last Name**

Click here to enter text.

**First Name**

Click here to enter text.

**Specify Relationship  
(Mother, Father, Step-, Grand-, etc.)**

Click here to enter text.

**Mailing Address**

Click here to enter text.

**City / Town**

Click here to enter text.

**State (Province)**

Click here to enter text.

**Zip+4 (Postal) Code**

Click here to enter text.

**Physical Address, if different** Click here to enter text.

**Home Phone** Click here to enter text. **Cell Phone** Click here to enter text. **Work Phone** Click here to enter text.

**E-Mail #1** Click here to enter text.

**E-Mail #2** Click here to enter text.

## EMERGENCY INFORMATION

Emergency Contact person must have authority to consent to medical treatment. If NOT listed above, please attach evidence of this authority.

**#1 Contact:** Click here to enter text.

**Best Daytime Contact:** Click here to enter text.

**Best Nighttime:** Click here to enter text.

**#2 Contact:** Click here to enter text.

**Best Daytime Contact:** Click here to enter text.

**Best Nighttime:** Click here to enter text.



## CURRENT MEDICAL INFORMATION

- 1) Do you have any allergies requiring management other than over-the counter medications (e.g., bee sting, drugs, foods, etc.)? Yes  No   
If yes, please explain: [Click here to enter text.](#)
- 2) Will you be taking any prescribed medications while at RYLA? Yes  No   
If yes, what: [Click here to enter text.](#)
- 3) Do you have any chronic illnesses? (e.g., diabetes, epilepsy, asthma, etc.) Yes  No   
If yes, what: [Click here to enter text.](#)
- 4) What is your current level of physical activity?  LOW  MEDIUM  HIGH
- 5) Do you have any conditions that might prevent you from any physical activities? Yes  No   
If yes, please list: [Click here to enter text.](#)
- 6) Have you experienced any injuries within the last 3 years? Yes  No   
(e.g., dislocations, severe sprains, torn ligaments, separations, etc.)  
If yes, list them, identify when the injuries occurred and the severity of the injury: [Click here to enter text.](#)
- 7) Have you fully recovered from this injury/these injuries? N/A  Yes  No   
If no, please list the injury/injuries still in recovery and your current status: [Click here to enter text.](#)
- 8) Are you currently being treated or have been by a physician within the past year? Yes  No   
If yes, please explain: [Click here to enter text.](#)
- 9) Do you have any physical disabilities? Yes  No   
If yes, please explain: [Click here to enter text.](#)
- 10) Do you wear contact lenses? Yes  No
- 11) Have you had a tetanus shot? [Click here to enter text.](#) Yes  No   
Date of shot if known: [Click here to enter a date.](#)



## **Medical Authorization and Consent Release Form**

**RYLA Participant's Name:** Click here to enter text.

**Date of Birth:** Click here to enter a date.

**RYLA Participant's Physician:** Click here to enter text.

**Address:** Click here to enter text.

**Phone #:** Click here to enter text.

**Health insurance provider name:** Click here to enter text.

**Policy holder's name:** Click here to enter text.

**Policy #:** Click here to enter text.

I hereby authorize the 2018 RYLA Conference Director or RYLA Rotarian Volunteer designee to arrange for medical treatment and/or ambulance transport for my child, if in his/her opinion such treatment is deemed necessary. I give permission to allow administration of Advil or a similar mild pain medication to the student, if needed. I further understand that I will be contacted as soon as possible in the event any medical treatment is deemed necessary, beyond mild pain medication.

**Note: This form requires parent's or guardian's signature regardless of student age**

**Parent or Legal Guardian:**

**Name:** Click here to enter text.

**Signature:** \_\_\_\_\_

**Date:** Click here to enter a date.

**RYLA Participant:**

**Name:** Click here to enter text.

**Signature:** \_\_\_\_\_

**Date:** Click here to enter a date.



**PARTICIPANT ASSUMPTION OF RISK**  
**RELEASE OF ROTARY AND LYNDON STATE COLLEGE LIABILITY**

The Rotary Youth Leadership Award (RYLA) program provides goal oriented activities that offer participants an opportunity to explore new behaviors related to trust, teamwork, and leadership capabilities. Outdoor adventure activities are exciting, challenging, and both physically and mentally demanding. Some activities may be stressful and possibly hazardous. These activities may include field games, low elements (a few feet high that are constructed of rope, cable and wood), and high elements that require safety equipment, or rock climbing. All activities are supervised by instructors who have been specifically trained in the operation and safe practices of challenge courses, or rock climbing. The philosophy of “Challenge by Choice,” means that participants agree to choose their own level of challenge, and agree not to be coerced by instructors or other participants.

Rotary District 7850 has taken precautions to provide proper equipment and qualified instructors. It is impossible, however, to guarantee absolute safety. While it is the aim and responsibility of the program and instructors to provide you with an enjoyable, educational, and safe experience, you must realize that there is a degree of risk and personal responsibility for safety when you participate in adventure activities. You will receive instruction in safe up-to-date practices and safety techniques related to all elements and activities, and are supervised throughout the program. Participants are advised to call hazardous situations to the leader’s attention. Injuries can occur. By consenting to participate, you assume all risks incidental to use of the course and activities, including the possibility of bruises and other more serious injuries.

Signing this form indicates your recognition and understanding of the responsibilities and hazards inherent in your participation in the conference and associated activities.

We, the undersigned RYLA participant and his/her legal guardian, understand that while attending the Rotary District 7850 Rotary Youth Leadership Award (RYLA) Conference, the participant will have the opportunity to participate in the sports activities, as well as the “Rope Course” in small and large groups, and regular planned activities. We understand that parts of the activities of the conference may be physically or emotionally demanding. We affirm that the participant’s health is good, and that the participant is not under a physician’s care for any undisclosed condition that bears upon my fitness to participate in sports activities, including the “Rope Course.” We understand that the assumption of the risk of physical injury that could result from any of these activities is ours. We agree to assume all responsibility and risks involved in the program, and for ourselves and our heirs to release and hold harmless the Rotary Youth Leadership Awards Conference Coordinators, the involved Rotary Clubs, and Rotary District 7850 sponsoring and conducting the RYLA Conference, Rotary International and Lyndon State College from all claims and legal actions, whether for property damage, physical injury, or otherwise arising from participation in the program.

We, participant and legal guardian, confirm with our signatures that we have read this information. We understand the responsibilities of participation and assume the entire risks incidental to this the RYLA program. We have provided all the medical information that has been requested. I, the participant, agree to follow instructions and directions given by my instructors and to act with good judgment.

RYLA Participant’s Full Name: [Click here to enter text.](#)

---

**Signature of RYLA Participant**

**Date:** [Click here to enter a date.](#)

Name of RYLA Participant’s Parent or Legal Guardian: [Click here to enter text.](#)

---

**Signature of Parent or Legal Guardian**

**Date:** [Click here to enter a date.](#)



## ROTARY DISTRICT 7850

### Rotary Youth Leadership Award (RYLA) Marketing Release

Unless Rotary District 7850 is otherwise notified in writing, I allow my child/ward to appear in photographs or video images solely taken for the purpose of promoting the Rotary Youth Leadership Awards. Rotary District 7850 has the right to use these images, including audio and video, in perpetuity in any form or medium, print or electronic.

Parent/Legal Guardian Name: [Click here to enter text.](#)

Date: [Click here to enter a date.](#)

Signature: \_\_\_\_\_

Signed:

RYLA Participant Name: [Click here to enter text.](#)

Date: [Click here to enter a date.](#)

Signature: \_\_\_\_\_