

ROTARY YOUTH LEADERSHIP AWARDS CAMP Kaua'i Camp RYLA – April 1, 2023, Kauai Sailing Center Applicant Information/Parental Release Form

Please complete this form *legibly* and in black or dark blue ink.

Name _____ Nickname _____ Age _____ Sex _____

Mailing Address: _____ City _____ Zip _____

Home Phone: _____ School _____ Grade _____

Cell Phone: _____ E-Mail _____ Facebook Page? _____

Are you an Interact Club member? _____ Unisex T Shirt Size _____

Name of RYLA Facilitator who gave you this form: _____

List your school and/or community activities (Include any elected or leadership positions):

PARENT(S)/ GUARDIAN(S) ACCEPTANCE

Our son/daughter has discussed the Rotary Youth Leadership Awards (RYLA) camp with me (us) and I (we) give my (our) permission to apply for participation in this co-ed overnight RYLA program to be held on the dates checked above. Further I (we) give my (our) approval to seek medical assistance should an emergency occur. It is understood that the program is conducted and supervised by Rotary Club from D5000. I (we) further understand that my (our) child is expected to attend the full program and he/she will be transported to and from the camp in the busses provided. I (we) grant permission for the use of camp photographs of my (our) son/daughter by Rotary for RYLA publicity purposes. I hereby release Rotary District 5000, Maui Rotary clubs and all program staff from all liability, including payment for treatment for illness or accidents which may occur.

Signature of Parent/Guardian _____ Print Name _____

Emergency Phone Numbers: Cell Phone _____ Other _____

Signature of Parent/Guardian _____ PrintName _____

Emergency Phone Numbers: Cell Phone _____ Other _____

RETURN THE COMPLETED 3-PAGE APPLICATION TO: Char Ravelo.
SCAN AND EMAIL TO: exdir@leadershipkauai.org

Deadline: March 24, 2023

ROTARY YOUTH LEADERSHIP AWARDS CAMP HEALTH INFORMATION & CONSENT FOR EMERGENCY TREATMENT

This information on this form will be kept confidential and will only be used by medical personnel.

Student's Last Name _____ First _____ DOB _____ Sex _____
 Street Address _____ City _____ Zip _____
 Insurance Company _____ Policy Number _____
 In case of emergency notify _____ Phone _____
 Relationship to Participant: Parent ___ Guardian: ___ Other (specify) _____
 Family Physician or Clinic _____ Phone _____
 Date of Last Tetanus Shot _____

Please answer the following questions, and explain each "YES" response below:

| | Yes | No |
|--|-------|-------|
| 1. Respiratory problems (asthma, persistent cough, TB, etc.). | _____ | _____ |
| 2. Heart disease (high blood pressure, heart murmur, chest pain etc.). | _____ | _____ |
| 3. Stomach or intestinal problems (ulcers, jaundice, hernia, etc.). | _____ | _____ |
| 4. Kidney, gall bladder or liver disease. | _____ | _____ |
| 5. Diabetes or Hypoglycemia (low blood sugar). | _____ | _____ |
| 6. Muscular/skeletal problems (arthritis, hernia, recent fracture, etc.). | _____ | _____ |
| 7. Eye, ear, nose or throat problems (hay fever, impaired sight or hearing). | _____ | _____ |
| 8. Nervous disorders (convulsions, epilepsy, dizziness, etc.). | _____ | _____ |
| 9. Skin diseases. | _____ | _____ |
| 10. Emotional or mental disorders (frequent anxiety, excessive fear, etc.). | _____ | _____ |
| 11. Surgical Operations, Accidents, Injuries in last 3 years. | _____ | _____ |
| 12. Recent exposure to contagious disease. | _____ | _____ |
| 13. Allergies. | _____ | _____ |
| 14. Are you currently under a doctor's care? | _____ | _____ |
| 15. Are you currently taking any medication? List below. | _____ | _____ |
| 16. Do you have any special dietary needs? | _____ | _____ |
| 17. Do you have any limiting physical or emotional conditions? | _____ | _____ |
| Explanations (Use reverse side if necessary) | | |

I am of the opinion that my child can and may participate in the Rotary Youth Leadership Awards Camp (RYLA) to be held on the dates listed on the Application form. I further declare that he/she has no physical, emotional, mental or communicable conditions that will interfere with participation in this program. I hereby release Rotary District 5000, Kauai Rotary clubs and all program staff from all liability, including payment for treatment for illness or accidents which may occur.

If a medical emergency arises while my child is participating in the RYLA program, I give my permission for medical personnel to perform whatever health service or treatment is necessary for our child's health.

Parent/Guardian Signature _____ Print Name _____

Date _____ Phone number(s) _____

CODE OF CONDUCT

2023 RYLA DAY PROGRAM - D5000 ROTARY CLUBS

THE RYLA PROGRAM STAFF WISHES TO PROVIDE A SAFE, SECURE SETTING FOR ALL THOSE WHO PARTICIPATE IN THIS PROGRAM.

The following Code of Conduct rules and conditions will apply to all RYLA participants, staff and visitors throughout the Camp RYLA program checked on the Application form.

- Possession or use of alcoholic beverages or illegal drugs is prohibited.
- Smoking or any use of tobacco products is prohibited.
- Participants are responsible for keeping the area clean and orderly
- Participants must attend all program events at specified times, unless excused by program staff.
- Appropriate clothing is to be worn at all times.
- All program participants must respect personal, camp and public property. Repair costs for damages incurred to property will be billed to the responsible party.
- Participants are not to have an automobile available to them during the program. Transportation will be provided to and from the camp.
- Participants are expected to arrive on time.
- The use of cell phones will not be permitted during the program except during break periods as designated by the staff. Emergency incoming calls will be accepted by the Camp Director at this number: 808-652-4328

Participants are expected to attend the full program, and if, for any reason, you know that you cannot do this, please do not apply for participation. Requests to not take part in any program activity or to leave before the end of the program will only be considered by the program staff for an exceptional basis, i.e., family emergency, injury, illness, physical limitation, etc. If it becomes necessary for you to leave the program because of such circumstances, your parents will be notified and they will be responsible for arranging all transportation from the camp to your home. Only parents or guardians may give such permission to leave the program and to provide transportation. Any participant who leaves the program early will not be permitted to return, and will not receive a Certificate.

Participants who violate this Code of Conduct may be asked by the program staff to leave the camp, in which case the parents will be responsible for picking them up at the camp site and transporting them home as soon as requested.

I have read and agree to conform to the above code of conduct, conditions and exceptions.

Signed (RYLA Participant) _____ Date _____

Print Name _____

Signed (Parent/Guardian) _____ Date _____

Print Name _____

Phone numbers (Cell, Home, Work) _____



**Kaua'i Rotary Clubs invite
10th-11th grade students to**

Kaua'i RYLA Camp

with Leadership Kaua'i

Saturday, April 1st

Kaua`i Sailing Center*

***former Nawiliwili Yacht Club**



Rotary Youth Leadership Awards Kaua`i Sailing Center

40 sophomores and juniors will be selected to attend this leadership training camp led by Leadership Kaua'i and supervised by members of the Rotary Clubs of Kaua'i. Areas of training are effective communication, leadership practices & styles, problem-solving, team building and more in a fun relaxed retreat-like setting. For more info visit www.rylakauai.org

To register contact email: exdir@leadershipkauai.org |
Phone: 808-246-8727. Sponsored by Kaua'i Rotary Clubs