

This Form **MUST** be filled out  
on line, or typed. Handwritten  
forms will **NOT** be accepted.

Student Application  
Deadline October 4, 2019



**RYLA**

**October 17 – October 20, 2019**  
(11:30 am Thursday – 1:00 pm Sunday)

Student must attend ALL camp days.

To be held at:

The Salvation Army's  
"Heart O' Hills" Camp & Conference Center  
Welling, OK (east of Tahlequah)

Rick Elliott  
Reveille Rotary RYLA Committee Chair  
918-232-4058  
[Elliott1407@sbcglobal.net](mailto:Elliott1407@sbcglobal.net)

# Rotary Youth Leadership Awards (RYLA) Student Application

Sponsoring Rotary Club:  
Contact Email Address:

Club Contact:  
Contact Cell:

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**Student Information: Must be filled out on line.**

Name: Last First Initial Nickname if any: To Substitute for first name on Badge

Home Address City: State: Zip:

Home Phone: Cell Phone: Email:  
Age: Birth date: Sex: T-shirt size:

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**Parent/Guardian Information:**

Name: Last First

Home Address: Street City State Zip  
Cell Phone: Work Phone if any:

Email Address:

**School Information:**

Name of School City, State, Grade Pt Av:

A: School club, Memberships, and offices held:

B: Favorite School Subjects:

C: Athletic and Special School Events, Awards:

D: Career Ambitions:

E: Are you currently employed: If so, your job:

F: How did you learn about RYLA:

G: Does your school have an interact club: If so, are you a member:



**RYLA Student Camp Agreement  
and Camper Release Indemnity, Medical and  
Photography Authorization Forms**

**Camper Agreement:**

If I am accepted as a Student, I fully understand that attendance at this Camp is a privilege, and fully agree to abide by all Regulations established by the officials of the Rotary Youth Leadership Awards Camp, (RYLA) of Rotary District 6110. I will strive to be a worthy representative of my school, my parents, Rotary Club, and community by contributing my best efforts towards the success of the Camp. I understand that the camp is a tobacco and alcohol free site, and agree to abide by this policy. I am covered by appropriate medical insurance unless otherwise indicated. I understand that I am required to attend ALL camp days, meals, classes, and activities. This is a closed camp, and no visitors, or friends will be allowed while camp is in session. I understand that I will not be permitted to leave the campground during camp.

**Parent Release and Indemnity:**

I, the undersigned custodial parent of the RYLA student named herein, for myself the other parent, and child HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE the Rotary District 6110, and the Sponsoring Rotary Club, their directors, officers, members, agents, employees, and volunteers, (hereinafter referred to as "Rotary", from all liability to the undersigned, his/her personal representatives, assigns, heirs and next of kin for any loss or damage, or any claim or demands therefor, on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of Rotary, or otherwise, while the student is traveling to or from, or is in, upon or about the premises or any facilities, or equipment therein, or participating in any program affiliated with the camp or Rotary, without respect to location. The undersigned further expressly agrees to the foregoing RELEASE, WAIVER, INDEMNITY AGREEMENT, AND COVENANT NOT TO SUE, is intended to be as broad and inclusive as is permitted by the law of the State of Oklahoma, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Medical Treatment:**

The Undersigned, should they not be able to contact me, in case of emergency the authority to transport if necessary, and secure and provide and cause to be administered, the best medical treatment and/or services available, as determined by Rotary. I further give permission to give without notice, any over the counter medications, or minor treatment for sprains, etc, as deemed appropriate by Rotary. **If unable to reach me in emergency, contact in the following order:**

- |      |       |
|------|-------|
| 1.   | 2.    |
| Name | Phone |
| Name | Phone |

**Photo/Video Authorization:**

The undersigned gives to Rotary and RYLA, to use without limitation, the photographs, video film footage, or audio recordings of the student, which may include my image or voice, for purposes of promoting or interpreting Rotary programs, including posting to the internet.

**Student Medical Information:**

Family Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_  
Does the Student have health Insurance: \_\_\_\_\_ Insurance Company Name: \_\_\_\_\_  
Does the Student Have any medical condition or allergies:  
If any, list here:  
List any medications Student required to bring to camp including strength:

**We, the UNDERSIGNED, HAVE FULLY READ, UNDERSTAND, AGREE TO, AND VOLUNTARILY SIGN THIS AGREEMENT,** and agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made. Dated:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature



## Heart O' Hills Camp and Conference Center Challenge Course Acknowledgement of Risk Informed Consent and Release Form

Any person using the Ropes Challenge Course (High or Low) must sign this release form. Please present this completed form to Heart O' Hills instructor.

**Rotary District 6110 October 17-20, 2019**

### ACKNOWLEDGEMENT AND ACCEPTANCE OF RISK

I understand and acknowledge that ropes course activities and all other experiential activities involved with this program have risk. The activity I am about to engage in voluntarily, bears certain risks which could result in injury, death, or damage to my property. These activities will be similar to a very active day of recreational activities. They are designed to be safe. Each activity will be explained by staff and safety systems will be used when appropriate. Some activities will take place at heights up to 50 feet and require normal physical exertion. I will have choice regarding my participation. I will not be required to participate against my wishes nor will I be able to participate if I am under the age of 10. I understand, acknowledge and hereby accept and assume all responsibility and risk arising from my voluntary participation in this activity.

I have read this section, and **initial** to show that I understand and agree: \_\_\_\_\_

### RELEASE OF LIABILITY

I agree that I will not sue or otherwise make any claim against The Salvation Army, its agents, employees, and contractors for any and all injury, death, illness or disease, and damage to my personal property arising out of, or are in any way connected with my participation in this activity.

I have read this section, and **initial** to show that I understand and agree: \_\_\_\_\_

### MEDIA RELEASE

I understand that I (or my child) will be photographed or videotaped for general company, website, and/ or agency publicity.

I have read this section, and **initial** to show that I understand and agree: \_\_\_\_\_

### MEDICAL CHECK

Do any of the following medical conditions apply to the participant? (Please explain if yes to any question)

Heart Condition*	No	<input type="checkbox"/>	Yes	_____
Are you Pregnant*	No	<input type="checkbox"/>	Yes	_____
Back or Neck Injuries	No	<input type="checkbox"/>	Yes	_____
Allergic reactions	No	<input type="checkbox"/>	Yes	_____
Knee, bone or Joint Injuries	No	<input type="checkbox"/>	Yes	_____
Epilepsy* Seizure* or Asthma	No	<input type="checkbox"/>	Yes	_____
Recent Surgeries	No	<input type="checkbox"/>	Yes	_____
Currently taking medication	No	<input type="checkbox"/>	Yes	_____

\* Participants must have a medical doctor's written permission to participate if he or she has answered yes to any of these questions.

Name of Participant: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Emergency Contact Name and Phone Number \_\_\_\_\_

### ENTIRE AGREEMENT

I understand that this is the entire agreement between myself and The Salvation Army, its agents, employees, and contractors and that it cannot be modified or changed in any way by the representation or statements of any employee or agent of The Salvation Army or by me.

My signature below indicates that I have read this entire document, understand it completely and agree to be bound by its terms.

**SIGNATURE OF PARTICIPANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNATURE OF PARENT OR GUARDIAN (If participant is under age 18)** \_\_\_\_\_  
 \_\_\_\_\_ **DATE** \_\_\_\_\_