

RYLA Application Form

Date Payment Received: _____
Check # _____

Please note: Make Check to Rotary District 6670

Student Name _____

Address _____ City _____ zip _____

Date of Birth _____ Gender: Male _____ Female _____

Telephone: (Home) _____ (mobile) _____

Email _____

High School _____ Grade _____

Does your school have an Interact Club? Yes No

If "Yes", are you a member? _____

Mother's Name _____

Address (if different) _____

Telephone: (Home) _____ (mobile) _____

Father's Name _____

Address (if different) _____

Telephone: (Home) _____ (mobile) _____

Student Portfolio:

Special Interests and Talents:

Awards:

Extracurricular Activities:

Leadership Positions:

Future Profession:

Student Signature _____ Date _____

Sponsoring Club: _____

Club RYLA Chair: _____

Email: _____

Phone: _____ Mobile: _____

Committee Decision: Delegate 1st Alternate 2nd Alternate

Rotary Contact: Once Delegates are selected and notified, please mail completed Application Form (Page 8) with Health Form – page 9 and Waiver - page 10 to District Co-Chair, Sheila Hinton @ Blue Ash YMCA (5000 YMCA Drive Cincinnati OH 45242) with \$200 payment (to Rotary District 6670) by September 30,2021.

HEALTH FORM

(Complete legibly upon being selected)

Rotary Youth Leadership Awards

Rotary District 6670
Southwest Ohio



Student Name: _____ Birth Date: _____ Gender: _____ Age: _____

Parent /Guardian _____ Phone: _____

Home Address: _____

City: _____ Zip: _____ Home Phone: _____

Business Address: _____

City: _____ Zip: _____ Bus Phone: _____

If parent/guardian is not available, notify:

Name: _____ Phone: _____

Name: _____ Phone: _____

Health History (to be completed by parent). Please give approximate dates:

Disorders/Diseases:

Ear infections _____
Heart defect/disease _____
Convulsions _____
Diabetes _____
Bleeding disorders _____
Epilepsy _____
Tonsillitis _____
Mononucleosis _____

Rheumatic Fever _____
Chicken Pox _____
Measles _____
German Measles _____
Mumps _____
Asthma _____
Strep Throat _____
Other disorders _____

Allergies:

Hay Fever _____
Poison Ivy _____
Insect stings _____
Penicillin _____
Other drugs _____
Foods _____
Foods _____
Other _____

Operations or serious injuries (include dates): _____

Chronic or recurring illnesses: _____

Other diseases or details of above: _____

List medications: _____

Name of Doctor: _____ Phone: _____

Name of Dentist/Orthodontist: _____ Phone: _____

Family medical/hospital insurance carrier: _____

Policy number: _____

IMPORTANT: Must be completed for attendance:

Parent’s Authorization: This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted by me and the examining physician.

I hereby give permission to the physician selected by the camp director to order x-rays, routine tests and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and /or surgery for my child as named above.

I also give permission for Rotary or Camp Kern to use photos or videos of myself/my child for promotional purposes in print, DVD, or on the website.

Parent/Guardian Signature: _____

Date: _____ Witness: _____

This form (Page 9) must be submitted with Application Form (Page 8), Waiver (Page 10), & payment by September 30,2021

YMCA CAMP KERN
ACKNOWLEDGEMENT OF RISKS
ASSUMPTION OF RISK AND RESPONSIBILITY & RELEASE OF LIABILITY
PLEASE READ CAREFULLY

Although precautions are taken to provide proper organization for your participation in our program, there can be no guarantee about absolute safety against injury and unforeseeable accident. There are elements of risk in any adventure, sport, or program involving physical exertion and risk taking, or associated with the outdoors (referred to herein as "activity"), and the use of any equipment for the activity. I understand that I may be involved in activities including, but not limited to problem-solving, team building initiatives, ropes course, and/or other physical activities. I acknowledge that I may decline to participate in any activity. Any participation will be voluntary.

ACKNOWLEDGEMENT OF RISKS: I recognize the fact there is an inherent danger in any activity which involves physical exertion or risk taking; that natural hazards do exist; that although the program may be strenuous, injuries or medical complications may occur; that certain foreseeable and unforeseeable events unique to each individual activity can contribute to the unpredictability of the activity; that balance and physical coordination may affect the occurrence of accidents or falls, and that I should ask about other potential hazards and recommend precautions and procedures.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: In recognition of the inherent risks of the activity which I and any minor children for which I am responsible, will engage in, I confirm that I am (we are) physically and mentally capable of participation in the activity and/or using equipment. I/we participate willingly and voluntarily and I assume full responsibility for personal injury, accidents or illnesses, including death. I also assume responsibility for damage to or loss of personal property as the result of any accident that may occur.

I assume the risk(s) of personal injury, accidents, and/or illness, including but not limited to, sprains, torn muscles, and/or ligament; fractured or broken bones; eye damage; cuts, wounds scrapes, abrasions, and/or contusions; dehydration, oxygen shortage (anoxia), exposure and/or altitude sickness; head, neck and/or spinal injuries; animal or insect bite or attack; injury caused by discharge or any weapon; shock, paralysis and/or death; and acknowledge that during the activity, if I/we experience fatigue, chill and/or dizziness, it may diminish my/our reaction time and increase the risk of an accident.

I CONSENT to the use of photos, video, audio recording, and film of my participation in activities at YMCA CAMP KERN for marketing, educational, or other purposes.

COVENANT OF GOOD FAITH: I recognize that you, as provider of services, will operate under a covenant of good faith and fair dealing, but that you may find it necessary to terminate any activity due to forces of nature, medical necessities or other problems; and/or refuse or terminate the participation of any person you judge to be incapable of meeting the rigors or requirements of participating in the activity. I accept your right to take such actions for the safety of myself and/or other participants. I acknowledge that no guarantees have been made with respect to achieving objectives.

AUTHORIZATION: I hereby authorize any medical treatment deemed necessary in the event of any injury while participating in the activity. I will have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/our behalf.

RELEASE: In consideration of services or property provided, I for myself and any minor children for which I am parent, legal guardian or otherwise responsible, any heirs, personal representatives or assigns do hereby release" YMCA CAMP KERN its principals, directors, officers, agents, employees and volunteers, and each and every land owner, municipal and/or governmental agency upon whose property and activity is conducted, from all liability and waive any claim for damage arising from any cause whatsoever (except that which is the result of gross negligence).

Group Name: _____

Participant Name: _____

Participant Signature: _____

Date: _____

Email Address: _____

If participant is under 18, a parent/guardian's signature is required.

Parent/Guardian: _____

MEDICAL RESTRICTIONS: _____

