

Name of High School _____
Rotary Contact Person _____
Sponsoring Rotary Club _____
Phone # _____
Email: _____

**STUDENT PICTURE
ON MEDICAL FORM
ONLY!**



Student Application Form

Rotary District 5220
February 13 - 16, 2026

DUE NO LATER THAN NOVEMBER 17, 2025

____ Girl's Camp
____ Boy's Camp

Check One: Primary _____
Alternate 1) _____ 2) _____

Student's Name _____
Please Print

Mailing Address _____
P.O. Box or Street Address City Zip

Home# () _____ Parent Cell# _____

Parent's Names _____

Address _____ Best number to contact in case of an Emergency # _____

Shirt Size: _____ **Name of High School** _____

Will you participate in the Camp Band? _____ If so, what Instrument _____ Please bring it you.

Could you help produce a camp newsletter or yearbook? _____

I understand the Rotary sponsored Youth Leadership Camp will be held on February 13– 16, 2026. Calvin Crest Camp for the Boys and Camp Oakhurst for the Girls. I agree to make myself available for camp on those dates and to obey all the camp rules. Attached is my \$175 non-refundable registration fee. **Payable to: The Rotary Club of _____.**

Date _____ Signed _____
Camper Signature Required

This signifies consent for my son/daughter to attend RYLA. I understand that the camp has liability insurance and that health services are available; and I hereby authorize the camp officials to arrange whatever health service they consider necessary. To the best of my knowledge my son/daughter is in good health, and I give my permission for him/her to participate in camp activities including hiking and athletics. If necessary, please enclose special medical information and or dietary restrictions on the medical form.

Date _____ Signed _____
Parent/Guardian (Mandatory)

____ Rotary Club has interviewed _____ and recommends him/her to represent our club at
RYLA 20256

Signed _____ Phone# _____
Rotary Club RYLA Representative

When complete please return this form and petition to your school's contact person so that it can be processed. The school should then forward this to the Rotary Club listed above. The Rotary club will then forward it to the Registrar with your \$175.00 fee.



Health & Medical Release Form

Camp Oakhurst, Calvin Crest & RYLA

Both Boys and Girls Fill out this 2 page Form

Mandatory Student Picture

Please Staple picture here

Camper's Name _____ ☐ Male or ☐ Female

Age at Camp _____ Date of Birth ____/____/____

Parent or Guardian _____ Home (____) _____

Work (____) _____ Cell (____) _____

Home Address _____

Emergency Contact (In addition to Parents) _____ Relationship _____

Phone (____) _____

Insurance Information

Name of Insured (Parent, Camper, Family) _____

Insurance Company _____

Policy # _____ Subscriber # _____

Complete Information required for emergency purposes

Address _____

Phone # (____) _____

Current Health: Please comment on any condition about which camp should be aware.

Comments _____

Immunizations: Please note date of last injection – Please do not send vaccination cards.

____ Last Tetanus Booster (Tetanus must be up to date to attend camp) ____ Polio ____ DPT ____ MMR

____ HIB ____ Hepatitis B ____ Chicken Pox; Comments _____

Allergies: Please list all medications, dietary, and environmental allergies, along with treatment plan. If Epi Pin is required, please send one with your camper to camp.

Allergy	Reaction	Treatment?

Dietary Needs: Please describe Special dietary requirements including vegetarian, lactose intolerant etc..

Camper eats a regular Diet ☐

Medication Required while at Camp: Must be sent in original prescription bottle/packaging with label. Attach schedule if needed.

What? _____ Why? _____

Dosage? _____ Schedule? _____

Activity:

Any activity restrictions? _____

Authorization and Consent for Treatment:

I, the undersigned parent/guardian, give permission for my child to participate in all camp activities and give authority to Camp Oakhurst, Calvin Crest or Rotary officers, servants or employees to supervise all activities at Camp. I further authorize Camp Oakhurst, Calvin Crest and Rotary as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis treatment and hospital care, which is deemed advisable by, and is to be rendered under general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child.

I, understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization is given in pursuant to the provisions of Section 25.8 of the Civil Code of California.

Signature of Parent/ Guardian _____

Date _____

Medical Liability Release:

Medical Release: This health history is correct so far as I know, and this person has permission of the undersigned to engage in all camp activities except as noted. In case of illness or injury, Camp Oakhurst or Calvin Crest or Rotary has my permission to procure medical treatment for the above named (minor, If applicable). I understand Camp Oakhurst or Calvin Crest and Rotary does not provide medical insurance or reimbursement for medical fees or prescriptions and that I am responsible for any / all such fees and charges arising from illness or injury that may occur. I agree to hold harmless and indemnify Camp Oakhurst or Calvin Crest or Rotary its officers, agents and employees from and against every expense, including attorney's fees, liability or payment by reason of any damages or injury to person (including death) or property as arises out of or in connection with the camp or conference including the use of Camp property, facilities or equipment.

Liability Release: I the undersigned, for myself and on behalf of my child(ren) or ward(s) and their personal representatives assigns or heirs, (hereinafter referred to as Releasers,) hereby agree to defend, hold harmless, indemnify, releases and forever discharge to the broadest extent allowed by law, Camp Oakhurst, Calvin Crest, or Rotary or their owners, directors, trustees, agents, successors, insurers or any employee, (herein after referred to as Releasees,) from any and against all claims, demands, demands, actions and liability for loss, damage injury, death or any other claim whatever to the person or property of any guest or participant whether caused by negligence of Releasees or any other person or thing child participating in activities sponsored by or associated with Camp Oakhurst or Calvin Crest or Rotary. The undersigned elects to participate and/or allow his or her child(ren), ward(s), to participate voluntarily and assumes all risk of loss, damage, injury or death, known or unknown, foreseen or unforeseen, that may be sustained.

You have the Option NOT TO PARTICIPATE or allow your child, children, ward or wards NOT TO PARTICIPATE in any activity where you do not wish to waive liability. It shall be your responsibility to insure that your child, children, ward or wards do(es) NOT PARTICIPATE in the activities for which you choose not to bear liability.

The undersigned has read and voluntarily signs this medical release and waiver of all liability.

Signature _____ Date _____

Parent or Guardian if under 18

Photography & Email Release Waiver:

Yes ___ No ___ I give permission to Camp Oakhurst, Calvin Crest or Rotary to use images (still photo or video footage) of the above-mentioned person for future promotional materials, including but not limited to, brochures and website postings, without expectation of compensation.

Calvin Crest Conferences
Guest Group Activities



BOYS ONLY

Participant Agreement, Release and

Acknowledgement of Risk

In consideration of the services of, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their own behalf (hereinafter collectively referred to as "Calvin Crest"), I hereby agree to release and discharge Calvin Crest Conferences, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in Calvin Crest activities including but not limited to challenge, initiative, climbing wall, ropes course, zip line entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. **In addition to the risks already stated, other risks include but are not limited to:** Calvin Crest programs are based on the "challenge by choice" principle. At any time you and/or your group are free to withdraw from participation in challenge, initiative, or climbing and their potential for slips, falls, and falling, rope burns, pinches, scrapes, twists, and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening hazards. During an activity, there may be contact with plants, animals, or insects that could create hazards such as stings, allergies, and associated disease. Calvin Crest facilitators are concerned with the safety of participants, but they may not be aware of a participant's fitness or ability and may not be able to accurately predict all weather conditions.
2. I expressly agree and promise to accept and assume all risks existing in the activity. My participation in this activity is purely voluntary, and I elect to participate despite the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and to hold harmless Calvin Crest from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of Calvin Crest's equipment or facilities, including any such claims which allege negligent acts or omissions by Calvin Crest.
4. Should Calvin Crest or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to **bear the costs of such injury** or damage to myself. I further certify that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created directly or indirectly, by any such condition.
6. I understand and agree that all terms of this agreement's release and acknowledgement shall be governed by California Law. By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Calvin Crest on the basis of any claim from which I have released the organization herein.

I have had sufficient opportunity to read this entire document. I have read and understand it, and I agree to be bound by its terms.

Signature of Participant: _____ Printed Name: _____

Address: _____

Phone: _____ Date: _____

**Parent's or Guardian's Additional Indemnification
(Must be completed for participants under the age of 19)**

In consideration of _____ (print minor's name) ("Minor") being permitted by Calvin Crest to participate in its activities and to use its equipment, I further agree to indemnify and hold harmless Calvin Crest Conferences from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____

Printed Name: _____ Date: _____

I have had sufficient opportunity to read this entire document. I have read and understand it, and I agree to be bound by its terms.

Signature of Participant: _____ Printed Name: _____

Address: _____

Phone: _____ Date: _____



Student Petition for RYLA (For Rotarians Interviews only. Do not send to Registrar)

Rotary District 5220
February 13 – 16, 2026

NAME _____

Each petition must have the endorsement of three teachers:

1. _____
2. _____
3. _____

Each Petition must be endorsed by the Attendance Office (good attendance) _____

Each Petition must be endorsed by your Counselor or Principal _____

Please list all of your Activities, both in the school and in the community:

Write a brief statement telling why you should be chosen to represent your School. Why are you interested in this activity? What can you contribute as a leader? Use the back if you need to. (Please type or write in pen)

I agree that if I am chosen, I will participate in all activities that the group plans.

Signed: _____

PLEASE RETURN THIS FORM TO THE OFFICE.