



# **Rotary Youth Leadership Awards**

District 7450

2012 RYLA Conference

**February 24-26, 2012**

**Freedoms Foundation**

**Valley Forge, PA**

## **Program Information**

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**Rotary** – Rotary International is the largest private scholarship foundation world wide. Local Rotary clubs provide humanitarian service, encourage high ethical standards in all vocations, and help build goodwill and peace in the world. There are 33,000 Rotary clubs in more than 200 countries and geographical areas. Clubs are nonpolitical, nonreligious, and open to all cultures, races, and creeds. As signified by the motto Service Above Self, Rotary's main objective is service — in the community, in the workplace, and throughout the world.



**Rotaract** - It is a service, leadership and community service organization for young men and women between the ages 18–30. "Rotaract" stands for "Rotary in Action", focuses on the development of young adults as leaders in their communities and workplaces. To be eligible for membership, prospective members must be 18–30 years of age, show that they are committed to Rotaract, and show that they are of good standing in the community.



**Interact** is Rotary International's service club for young people ages 12 to 18. Interact clubs are sponsored by individual Rotary clubs, which provide support and guidance, but they are self-governing and self-supporting. Each year, Interact clubs complete at least two community service projects, one of which furthers international understanding and goodwill. Through these efforts, Interactors develop a network of friendships with local and overseas clubs and learn the importance of: developing leadership skills and personal integrity, demonstrating helpfulness and respect for others, understanding the value of individual responsibility and hard work and advancing international understanding and goodwill.

Interact has since become one of the most significant and fastest-growing programs of Rotary service; with more than 12,300 clubs in 133 countries and geographical areas, Interact has become a worldwide phenomenon. Almost 290,000 young people are involved in Interact.

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## WHAT IS RYLA?

Rotary Youth Leadership Awards (RYLA) is Rotary's leadership training program for young people. RYLA participants can be ages 14-18.

RYLA emphasizes:

leadership, citizenship, and personal growth.

RYLA aims to:

- Demonstrate Rotary's respect and concern for youth
- Provide an effective training experience for selected youth and potential leaders
- Encourage leadership of youth by youth
- Recognize publicly young people who are rendering service to their communities



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## **RYLA Frequently Asked Questions**

### **Where is RYLA being held?**

The conference is held at Freedoms Foundation in Valley Forge.

### **Where do the students stay?**

Freedoms Foundation has dormitories on site. There are separate dorms for males and females. Freedoms Foundation staff and Rotary chaperones will be staying overnight in both dorms.

### **What is the program at the conference?**

The program is a combination of leadership training, team building, motivational and living history lessons. A preliminary weekend agenda follows.

### **Can participants leave during the program for other activities and return later?**

No. We expect all students to attend the **entire** program from Friday evening to Sunday midday. This is necessary to get the most out of the weekend.

### **Who is eligible to attend the conference?**

High school juniors and seniors (and sophomores if they are Interactors) who have not attended RYLA are eligible to attend.

### **What qualities do participants need to fully participate?**

Enthusiasm, energy, a desire to learn and to meet new people. A list of "What to Bring" follows.

### **What do past participants say about the program?**

- "I really enjoyed the program and had a great time... and I made many new friends."
- "My overall experience was awesome."
- "I really had a great time and learned a lot about myself."
- "I had a really great experience with you all and I know other young people will feel the same way."
- "I found this weekend to be informative, fun and very educational. There can always be improvement on leadership, and I feel this greatly improved my skills."
- "I think that this weekend was fun. I learned a lot and met new people. I think it is always good to be able to hear different points of view. I am glad I was chosen to come."
- "Best motivational speaker I've ever heard."
- "Very interesting agenda. Tasks were different than I have seen at any other conference...it was an enjoyable experience, thanks."
- "Wow!"

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## Agenda

Please see [www.Rotary7450.org/RYLA](http://www.Rotary7450.org/RYLA) for the most up to date Agenda as we finalize plans for this exciting and very full conference.

## What to Bring and Other Last Minute Details

- Registration is in the lobby of the Martha Washington Building. Please plan on arriving in the afternoon on Friday.
- Attire is casual for most of the weekend, although on Saturday night we prefer that you get dressed-up for dinner (sports jacket not required).
- After you arrive on Friday you are NOT permitted to leave the conference and return; you must stay for the entire program. Departure is in the afternoon on Sunday.
- If you drive your own car to Valley Forge, the keys will be held for you and returned at departure on Sunday.
- Bring a camera, enthusiasm, energy, a desire to learn, and a willingness to make new friends.

### OPTIONAL:

- Anything you might need for the Talent Show, e.g., musical instrument, sheet music, lyrics, props, costumes

*NOTE: the Freedoms Foundation will provide all sheets, towels, and soap; therefore, you do not need to bring any of these items.*

- Don't forget your toothbrush!



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## **Directions to the Freedoms Foundation 1601 Valley Forge Road Valley Forge, PA 19482-0706**

### **From Pennsylvania Turnpike**

Depart the turnpike at **Exit 326 (King of Prussia-Valley Forge)**. After the toll booth, take the first immediate right exit, "**Valley Forge National Historical Park**." Follow past the Valley Forge Convention Center and continue on Route 23 West through Valley Forge National Historical Park. At the next traffic light (Route 252), proceed straight through on Route 23 **West**. Approximately one mile on your right at the top of the hill (where a large American flag is located) is the entrance to the Freedoms Foundation. Proceed to the Martha Washington Building for registration.

### **From I-95 and I-76**

**From I-95, take Route 676 West (Vine Street)**. This exit is located near the Benjamin Franklin Bridge or Center City Philadelphia. Stay on Route **676 West** which turns into Route **76 West (Valley Forge)**. Take this highway for approximately 18 miles until the **West Chester exit (Route 202 South)**. Proceed on Route 202 South to the Devon exit.

At light (**Route 252**), make a right. Proceed on Route 252 through the Park until Route 23. At light, make a left on to **Route 23 West**. Approximately one mile on your right at the top of the hill (where a large American flag is located) is the entrance to the Freedoms Foundation. Proceed to the Martha Washington Building for registration. If you should have any questions about directions, you may call Freedoms Foundation Vice President of Education, Jason Raia at:

610-933-8825 x233

800-896-5488 x233

C. 610-960-3357

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## Application Deadline: December 1, 2011

### Application Process

#### To Apply to attend the conference:

1. Click on [www.Rotary7450.org/RYLA](http://www.Rotary7450.org/RYLA) to access the RYLA web page.
2. Click on the link to "Application Form"
3. Complete FULL application ON SCREEN.
4. Email the completed application form to "ryla@swarthmorerotary.org"
5. Print out application form and get the required student and parental signatures.
6. Submit the completed and signed Application Form to your guidance counselor with a \$25 check or money order. This MUST be in the form of a check or money order. ***Cash can not be accepted.***  
(This is a deposit that will be returned when checking-in to RYLA.)

The Process is easy but all steps are required.

### Student Transportation:

Transportation will not be provided. Please contact your sponsoring Rotary Club if you are unable to find transportation to the event.

Directions to the Freedoms Foundation are available on page 7 and at [www.rotary7450.org/RYLA](http://www.rotary7450.org/RYLA).

### Student Participation:

Students MUST stay for the entire event. They CANNOT leave and come back during the weekend.

### Questions:

**Karen Mazzeralla**

karenkeckmazz@gmail.com

610-613-3841

**FREEDOMS FOUNDATION AT VALLEY FORGE  
STUDENT MEDICAL INFORMATION FORM**

**This form consists of FOUR sections (in 3 pages). In order to be admitted to the Rotary Youth Leadership Awards program, each section needs to be completed with the required signatures and be delivered to the Freedoms Foundation Education Office when the student arrives for the conference. Please also include a photocopy of the student's health insurance card.**

**NAME OF PARTICIPANT** \_\_\_\_\_

**I. PARENT'S WAIVER**

We (I) hereby give permission for the above named student to attend a conference \_\_\_\_\_ (inclusive dates) to be conducted at Freedoms Foundation at Valley Forge. We (I) hereby release and discharge the Freedoms Foundation at Valley Forge, its officers, agents, instructors and employees, from any and all claims, demands, suits, actions or causes of action which we (I) may or shall have reason of any illness, injury or accident incurred or suffered by the above named participant at this conference and in the course of travel by any means to and from and while on the premises of the Freedoms Foundation at Valley Forge, no matter how caused or occasioned.

**Names of Parents or Guardians (Please print)** \_\_\_\_\_

**Signature of Parents/Guardians** \_\_\_\_\_

**Date** \_\_\_\_\_

**Telephone: Home** \_\_\_\_\_ **Office** \_\_\_\_\_

**II. INSURANCE**

Freedoms Foundation does not carry medical insurance to cover participants. All participating students should be covered by personal or family insurance.

We (I) hereby certify, under penalty of perjury, that the above named student is covered by medical insurance.

**Names of Parents or Guardians (Please print)** \_\_\_\_\_

**Signature of Parents/Guardians** \_\_\_\_\_

**Date** \_\_\_\_\_

**Insurance Company** \_\_\_\_\_

**Policy/Group number** \_\_\_\_\_ **Expiration Date of insurance** \_\_\_\_\_

Please list emergency number(s) other than those above at which parent, guardian, or another relative may be reached during the conference.

*(Please print and relationship to student)*

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

### III. PARENTS CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event that our (my) child \_\_\_\_\_ becomes ill or sustains an injury while under the supervision of the Freedoms Foundation staff, we (I) hereby give permission to administer first aid for our (my) child's relief. If it is not practical to return our (my) child to us (me), or to receive our (my) instructions for his/her care, consent is given to any licensed physician and/or surgeon to whom our (my) child is taken for treatment, to administer such treatment, drugs, and medicines and to perform such surgical procedures as the licensed physician and/or surgeon shall think the existing emergency requires for the relief of pain, and to preserve our (my) child's life and health. We (I) understand and agree that while the Freedoms Foundation staff may seek medical treatment for our (my) child, we (I) hereby release and discharge the Freedoms Foundation, its officers, agents, instructors and employees, for any and all demands, suits, actions or causes of actions that we (I) may or shall have by reason of arranging for such medical treatments or from failure to seek such medical treatments.

Name of Parents or Guardian (please print) \_\_\_\_\_

Signature of Parents/Guardians \_\_\_\_\_

### IV. STUDENTS MEDICAL HISTORY

Name of Participant \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of most recent exam \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Date of most recent tetanus toxoid immunization \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Date \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Doctor's Telephone \_\_\_\_\_

**HEALTH HISTORY**

*Please provide any information about a student's health history that may impact their participation in the program. This may include health concerns, food and medication allergies (see below), and/or current medications (see below). Attach additional pages if necessary.*

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Allergies (Hay fever, insect stings, etc.) \_\_\_\_\_

Food allergies \_\_\_\_\_

Medication allergies \_\_\_\_\_

Current Medication taking \_\_\_\_\_