

Student Application
Deadline March 1, 2012



March 29th - April 1st, 2012

(11:30 am Thursday – 12:30 pm Sunday)

To be held at:

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

Submit Applications to:

Tracey Dean

Rotary District 6110

RYLA Committee Co-Chair

208 South Vann St. - Pryor, OK 74361-5216

Email: t-dean@swbell.net

Home: 918-825-1676

Cell: 918-373-0155

Fax: 918-824-2444

2012 Rotary Youth Leadership Awards (RYLA)

Student Application (Page 1 of 3)

Sponsoring Rotary Club: _____

Club Contact: _____

Email Address: _____ Cell Phone: _____

Student Information (PLEASE PRINT CLEARLY):

Name: _____

Last First Initial Age Sex Shirt Size

Home Address: _____

Street City/State/Zip

Home Phone: _____ Cell Phone: _____

Email Address: _____

School Information (PLEASE PRINT CLEARLY):

Name of School: _____

City/State: _____ Grade Point Average: _____

A. School Club Memberships and Offices held : _____

B. Favorite School Subjects : _____

C. Athletic and Special School Events : _____

D. Career Ambitions : _____

E. Does your school have an Interact Club? _____ If so, are you a member? _____

F. Are you currently employed? _____ If so, what is your job: _____

Parent/Guardian Information (PLEASE PRINT CLEARLY):

Name: _____

Last First Age Sex

Home Address: _____

Street City/State/Zip

Cell Phone: _____ Email Address: _____

Company or Business: _____ Occupation: _____

Business Phone: _____

2012 Rotary Youth Leadership Awards (RYLA)

Student/Parent/Guardian Authorization Form

Students Name: _____

Media Release:

I understand that my child may be photographed or videotaped for general use by Rotary District 6110 or any Rotary Club within the district to promote the Rotary Youth Leadership Awards (RYLA) on its website, or in printed material.

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

Medical Information:

List any allergic reactions or dietary restrictions of your child:

List any medication your child is taking:

Should a medical emergency arise, and you are unable to contact me at any number on the previous form, please contact the following people in the following order.

Name: _____	Relationship: _____	Number: _____
Name: _____	Relationship: _____	Number: _____
Name: _____	Relationship: _____	Number: _____

Signature of Parent/Guardian

Date

Student Acceptance

I agree to participate in the RYLA program and will attend ALL sessions of camp, and not leave the campsite which runs from 11:30 am Thursday March 29th through 12:30 pm Sunday April 1st, 2012.

Signature of Student

Date

Liability and Release

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE the Rotary District 6110, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the release or otherwise while the undersigned is in, upon, or about the premises or any facilities the negligence of the release or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with Rotary, without respect to location. THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by 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. THE UNDERSIGNED gives Rotary, should they not be able to contact me, the ability in case of emergency to transport and provide the best standard of care for my child. THE UNDERSIGNED has given permission for the ROTARY to use, without limitation or obligation, photographs, film footage, or tape recordings which may include my image or voice for purposes of promoting or interpreting ROTARY programs. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

Parent/Guardian Signature

Date



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 Rotary Youth Leadership Awards March 29 – April 1, 2012

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 ___ Yes _____
- Are you Pregnant* No ___ Yes _____
- Back or Neck Injuries No ___ Yes _____
- Allergic reactions No ___ Yes _____
- Knee, bone or Joint Injuries No ___ Yes _____
- Epilepsy* Seizure* or Asthma No ___ Yes _____
- Recent Surgeries No ___ Yes _____
- Currently taking medication No ___ 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** _____