



PARENT / GUARDIAN CONSENT

My son/daughter, _____, has discussed the Rotary Youth Leadership Award (RYLA) Camp 2009 program with me and I give my permission to apply for and, if accepted, participate in the co-ed Kauai RYLA program, scheduled for March 13-15, 2009. Further, I give my approval to seek medical assistance should an emergency occur. It is understood that the program is conducted and supervised by Rotarians and selected chaperones. I have also reviewed the agreement frames provided with this program. I agree with them and understand that, to assure the safety and well being of each participant, they will be strictly enforced. I further understand that my child is expected to attend the full program and that requests not to take part in any activity or to leave before the end of the program will be considered by the Program Directors only on an exceptional basis such as family emergency, injury, etc. I give permission to the leaders to take care of any medical emergencies that may occur. Additionally, I give permission to the RYLA organizers to photograph and videotape my son/daughter.

Print name _____

Parent/guardian signature _____



Application Number: 906ga

AGREEMENT FRAMES

The RYLA Program Committee wishes to provide a safe and secure setting for all those who participate in this program. To the end, your cooperation in conforming to all the following rules and conditions will be greatly appreciated.

The following AGREEMENT FRAMES will apply to all RYLA participants, staff and visitors throughout the 3 day program held on March 13 to 15 at the Waipa Foundation in Hanalei.

- Possession or use of alcoholic beverages or illegal drugs is prohibited.
- Smoking or any use of tobacco products is prohibited.
- You are responsible for keeping your sleeping area and room clean and orderly.
- Sleeping arrangements are same-sex to a room. Assignments are made by staff in an effort to maximize your opportunity to make new friends. Changing of room assignments is not permitted without prior approval by the program staff.
- No pets or animals are allowed except for trained guide dogs.
- Appropriate clothing is to be worn at all times.
- All program participants must respect personal, camp and public property. Repair costs for damages incurred to property will be billed to the responsible party.
- Participants are not to have an automobile available to them during the program. Transportation will be provided to and from the camp.
- Participants are expected to abide by curfews and "quiet times" and to be in their assigned rooms at times as designated by the staff.
- The use of cell phones will not be permitted during the program expect during break periods as designated by the staff. Emergency incoming calls will be accepted by the camp at phone number (808) 635-5404.

Participants are expected to attend the full program. If, for any reason you know that you cannot do this, please do not apply for participation. Requests to not partake in any activity or to leave before the end of the program will only be considered by the program staff on an exceptional basis; i.e., family emergency, injury, illness, physical limitation, etc. If it become necessary for you to leave the program early, your family will be notified and they will be responsible for arranging all transportation from the program to your home. Unfortunately, any participant who leaves the program early will not be permitted to return and will not receive a certificate of achievement from RYLA.

I have read and agree to conform to the above code of conduct, conditions and expectations.

Signed (RYLA participant) _____ Date _____

Signed (Parent/Guardian) _____ Date _____

APPLICATION & INFORMATION



Developing Leadership Potential

Sign up for this intensive leadership training and development program focusing on 10th and 11th grade students from all public, private and home schools on Kauai.



This collaborative retreat will help you:
Develop leadership skills
Increase self-confidence
Gain exposure to a variety of issues and people
Improve career skills and knowledge
Meet community leaders and mentors



WHAT TO BRING

BESIDES YOUR WONDERFUL SELF
Key: Label all belongings!

ROTARY YOUTH LEADERSHIP AWARD (RYLA)

Application for Leadership Camp, on March 13-15, 2009
at the Waipa Foundation in Hanalei
(Please submit the RYLA application no later than March 8, 2009)



Clothes (Hanalei can be cold, so bring appropriate clothing)

- 2 pair jeans/sweatpants*
- 1 pair of shorts/swim wear that you don't mind getting wet
- 2 pairs of socks*
- 2 t-shirts*
- 1 jacket/sweatshirt
- Hats
- 2 pairs of underwear
- running shoes/cross trainers (closed toed shoes required)
- Poncho or rain jacket in case of rain
- jammies OR pareau

Personal Stuff / Hygiene Kit/ Toiletries

- Shampoo, soap & deodorant (please)
- Toothbrush, paste & contact lens solution
- 1 light weight bath towel/wash cloth,
- sunscreen, insect repellent, feminine products, reusable water bottle

(The Waipa Foundation does not distribute aspirin, pain relief pills or over the counter drugs (please bring what your parents allow you to consume).

Sleeping Gear

- Sleeping bag or bedroll
- Pillow & pillowcase
- Flashlight with new batteries
- Tent to sleep in

Optional

- Musical instruments (please share your talents!)
- Camera & film

Kapu (leave at home)

- Snacks (unless you can provide for entire O'hana)
- Audio/Video components
- Electronic games, pocket/palm pilots, laptops etc.
- Heirloom jewelry (no need for fancy stuff), money, cash (nothing to buy), cellular phones and beepers

At Ropes Course:

Don't wear jewelry. No sharp objects in pockets
Long hair must be tied back

You may use our phones for emergencies.

cut & save >>>



Name _____ DOB _____ Sex (M/F) _____

School _____ Grade _____

T-Shirt Size _____ Are you a member of an Interact Club (Y/N)? _____

If no, may we send you information regarding the club (Y/N)? _____

School RYLA Contact: _____

Phone _____ E-mail _____

Rotary Club Contact: _____

Sponsoring Rotary Club: _____

Phone _____ E-mail _____

In case of emergency, please contact:

Name _____ Relationship _____

Phone numbers (day) _____ (evening) _____

School activities: (clubs, teams, organizations, events & projects, etc)

Community activities: (clubs, teams, organizations, service projects, etc)

What characteristics do you already possess as a leader?

What do you hope to gain from participating in the RYLA Camp?

Why should you be selected to be part of the RYLA Camp?

By signing this application, you agree to the following: arrive on-time, stay to the end, participate in every activity, bring a positive attitude, keep an open mind, be courteous to everyone, and share your enthusiasm.

Participant signature _____ Date _____

HEALTH INFORMATION & CONSENT FOR EMERGENCY TREATMENT

This information will be kept confidential and will only be used by medical personnel. This form will be destroyed after the RYLA camp.

Insurance company _____ Policy number _____

Family physician or clinic _____

Date of last Tetanus shot _____

Please answer the following questions, and explain each "YES" response

	Y	N
1. Respiratory problems: asthma, persistent cough, TB, etc.	___	___
2. Heart disease: high blood pressure, heart murmur, chest pain etc.	___	___
3. Stomach or intestinal problems: ulcers, jaundice, hernia, etc.	___	___
4. Kidney, gall bladder or liver disease	___	___
5. Diabetes or Hypoglycemia: low blood sugar	___	___
6. Muscular/skeletal problems: arthritis, hernia, recent fracture, etc.	___	___
7. Eye, ear, nose or throat problems: hay fever, impaired sight or hearing	___	___
8. Nervous disorders: convulsions, epilepsy, dizziness, etc.	___	___
9. Skin diseases	___	___
10. Emotional or mental disorders: frequent anxiety, excessive fear, etc.	___	___
11. Surgical operations, accidents, injuries in last 3 years	___	___
12. Recent exposure to contagious disease	___	___
13. Allergies	___	___
14. Are you currently under a doctor's care?	___	___
15. Are you currently taking any medication?	___	___
16. Do you have any special dietary needs?	___	___
17. Do you have any limiting physical conditions?	___	___

Explanations (use additional blank page if necessary)

I am of the opinion that my child can and may participate in the Rotary Youth Leadership Awards program (RYLA) at the Waipa Foundation in Hanalei on March 13-15, 2009. I further declare that he/she has no physical, mental or communicable conditions that will interfere with participation in this program. I hereby release Rotary District 5000, the Rotary Clubs of Kauai, Leadership Kauai and all program staff and volunteers from all liability, including payment for treatment for illness or accidents which may occur.

I consider his/her health to be:
Poor _____ Fair _____ Good _____ Excellent _____

If a medical emergency arises while my child is participating in the RYLA program, I give my permission for medical personnel to perform whatever health service or treatment is necessary for my child's health.

Parent/Guardian signature _____ Date _____

Print name _____