



RYLA Application Form: April 25 to 27 2025

In order to be considered as a delegate to the 2025 RYLA Conference, please complete all parts of this packet. Students who are current Juniors in High School are eligible to become delegates. If selected as a delegate, you will receive a delegate packet by mail and email at the end of March.

While RYLA is free for students who are selected to attend, Rotary clubs provide funding for this program, so please only apply if you are truly interested in attending.

Please print and complete all parts of the application, scan, upload, and email to:

- **The Local Rotary Club Contact**
- **Prof. Andrew Garlick - amgrotary@gmail.com**
- **All Applications need to be received by the District by March 15, 2025**

Information, Standards of Conduct, Policies and Regulations

What is Rotary?

- Rotary is a global network of 1.4 million neighbors, friends, leaders, and problem-solvers who see a world where people unite and take action to create lasting change – across the globe, in our communities, and in ourselves. Solving real problems takes real commitment and vision. For more than 110 years, Rotary's people of action have used their passion, energy, and intelligence to take action on sustainable projects. From literacy and peace to water and health, we are always working to better our world, and we stay committed to the end.
- Rotary members believe that we have a shared responsibility to take action on our world's most persistent issues. Our 35,000+ clubs work together to:
 - Promote peace
 - Fight disease
 - Provide clean water, sanitation, and hygiene
 - Save mothers and children
 - Support education
 - Grow local economies
- We provide service to others, promote integrity, and advance world understanding, goodwill, and peace through our fellowship of business, professional, and community leaders.



What is RYLA?

Rotary Youth Leadership Awards (RYLA) is a leadership program coordinated by Rotary Clubs around the globe. Each year, thousands of young people participate in this program. In our Rotary District, current high school juniors (11th grade) are sponsored by Rotary Clubs to attend the event run by the club's district committee. Participants are chosen for their leadership potential. Rotary Clubs and the Rotary District cover all expenses for the participants. The format of the event varies from district to district, but commonly take the form of a seminar, camp, or workshop to discuss leadership skills and to learn those skills through practice. Rotary clubs and districts select participants and facilitate the event's curriculum. All delegates will plan and execute a service project in their community when they return home.

Standards of Conduct:

- All delegates are expected to adhere to certain Standards of Conduct while attending the Conference. If a delegate is found to be in violation of the following standards, his/her parents will be notified and the delegate may expect to return home immediately at the parent's expense.
 - Possession or use of illegal drugs, alcoholic beverages, tobacco, vapes
 - Theft, misuse, or abuse of public or personal property
 - Sexual misconduct
 - Possession of weapons or firearms
 - Unauthorized absence from the premises of the event,
 - Visitation in sleeping rooms occupied by delegates of the opposite sex.
 - Concealing or refusing to surrender a cellular phone
 - Other disruptive activities: Curfew violations, failure to participate in the activities of the weekend, unauthorized use of vehicles, inviting non-delegates to visit and disturbing the peace are examples of disruptive activities.
 - Realizing these guidelines are not “all-inclusive”, the RYLA Committee reserves the right to make adjustments to these policies. Exercising good judgment will prevent occurrences that are not within the best interest of delegates to the Conference.
 - Delegates must arrive between 12:00 pm-1:00 pm on Friday, April 25
 - Students may not drive themselves to the event, they may arrange transportation with the sponsoring Rotary club, or have a parent or guardian bring them and pick them up.
 - Delegates may be picked up beginning at 12:00 pm on Sunday, April 27
 - If you are providing transportation for your student, please have them picked up no later than 12:30 pm on Sunday.



Suggested Delegate Packing List

- Pillow
- Twin size Sheets and blanket or sleeping bag
- Towels (1-2) and washcloths
- Shower shoes
- Sunblock
- Bug spray
- Clothing for outdoor activities
- Tennis shoes (no open-toed shoes, this is an NC 4-H Center policy))
- Umbrella or Raincoat
- Reusable water bottle
- Light jacket or sweatshirt (be sure to check the weather forecast for the weekend)
- Business Professional Clothes for the Etiquette Dinner on Saturday night
- Any prescribed medicines (in their original container) and other needed medication

NOTE: All medications should be placed in a Zip Lock Bag with the delegate's name clearly written on the bag. The bags of medication will be given to an adult counselor upon arrival. The counselor will arrange to dispense the medications to the student at the appropriate times. The bag with the medications will be returned to the student on Sunday at checkout.



Student/Delegate Information:

Sponsoring Rotary Club Name: _____

First Name: _____ Last Name: _____

Preferred Name: _____ Gender: _____

Student's T-Shirt Size: _____

What is the name of your school? (Please spell out) _____

Address of School: _____

Student's Age: _____ Date of Birth: _____

Mailing Address (Address, City, State, and Zip Code):

Student Email address (please make sure this is an account that you check regularly):

Student Cell-Phone Number: _____

What activities are you involved in inside and outside of school? (Clubs, Church, Organizations, etc)

- I certify that I am in the 11th Grade (HS Junior)
- I have read the 2025 RYLA Information Handout and agree to the Standards of Conduct, and the Policies and Regulations as stated in the document.
- I understand cell phones and other electronic devices will be collected and held secure by the counselors from arrival until the end of the of the program on Sunday.

Student Signature _____ Date _____

**Parent/Guardian Information:**

First Name: _____ Last Name: _____

Parent/Guardian Email Address (please make sure this is an account that you check regularly) :

Parent/Guardian Cell-Phone Number: _____

Will your student need transportation to the 4-H Center in Columbia NC?

- Yes, my student will need roundtrip transportation to the 4-H Center
- No, I (parent/guardian) will provide my student roundtrip transportation to the 4-H Center (students may not drive themselves)

- I have read the 2025 RYLA Information Handout and agree to the Standards of Conduct, and the Policies and Regulations as stated in the document.
- I understand cell phones and other electronic devices will be collected and held secure by the counselors from arrival until the end of the of the program on Sunday.

Parent Signature: _____ Date: _____



MEDICAL RELEASE

My son/daughter has my permission to participate in the District 7720 Rotary Youth Leadership Award Conference to be held on April 25-27, 2025. I authorize any one of the responsible adults to secure any necessary medical care for said person, including emergency surgery. I realize every effort will be made to contact parents should any medical treatment become necessary. I release and discharge the sponsoring groups and adults from all liability whatever respecting any injuries and/or damages sustained by my son/daughter during the RYLA Conference.

Attach a copy of both sides of the student’s insurance card. Uninsured delegates, check here _____

Emergency Contact#1: _____

Emergency Telephone: Day _____ Evening/Cell _____

Emergency Contact #2: _____

Emergency Telephone: Day _____ Evening/Cell _____

As a condition of participation in the RYLA Conference, April 25 – 27, 2025, I agree to be bound by the terms of the Standards of Conduct and the Medical Release.

Student: _____ Date _____
(Signature)

Parent/Guardian _____ Date _____
(Signature)



The Eastern 4-H Center's Program Participation Agreement

Print Participant's Name

ROTARY 7720 RYLA
Print Name of Group

Instructions: Please read this form carefully. Each participant and/or their parent must sign this agreement before the program begins. Without all appropriate signatures, the individual may not be permitted to participate in the program.

I understand that my participation in programs offered by the Eastern 4-H Conference Center is based on the "Challenge by Choice" philosophy. I recognize that the program is designed to use experiential, engaging, teaching techniques, but that my participation is purely voluntary. At all times I will choose my level of participation in any activity.

I understand the employees of the Eastern 4-H Conference Center have received extensive training and will work to protect the emotional and physical safety of myself and/or my child. I understand that activities for which I and/or my child will participate entail certain risks. I elect to participate in spite of these risks.

Therefore, for myself/my child, I knowingly and voluntarily assume all risks involved in my participation, and do hereby release the Eastern 4-H Conference Center and its members, trustees, officers, employees, independent contractors and agents from any and all liability, damages, costs and expenses arising out of or relating to bodily or psychological injury, loss of life or personal property that may occur as a result of participating in this program.

I have read, understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in the said program.

I grant the Eastern 4-H Conference Center and persons acting through them, the right to use, reproduce, assign, and/or distribute photographs, films, videotapes and sound recordings of myself or my child for use in materials they may create.

Signature of Participant (required)

Date

If Participant is under 18 Date (Signature of Parent or Guardian REQUIRED) Age of Participant

Person to be contacted in case of emergency:

Address City State Zip

Name: _____

Home Phone: _____ Business Phone: _____

Eastern 4-H Center Program Participation Health History

For Office Use Only

Dates of Attendance _____
Cabin/Group _____

Health History must be filled out by parents/guardians of minors or by adults themselves. .

Name _____ Birth Date _____ Age at Camp _____ Gender _____
 Last First Middle

Home Address _____
 Street City State Zip

Custodial Parent/Guardian _____ Phone _____

Address _____
 Street City State Zip
 Street City State Zip

Emergency Contact _____ Phone _____

Address _____
 Street City State Zip

Insurance Information

Is the participant covered by family medical/hospital insurance? yes no

If so, indicate carrier or plan name _____ Group # _____

▶ **Please attach photocopy of health insurance card to form.**

Important-The following must be complete for attendance*

Parent/Guardian Authorizations: This health history is correct and complete as far as I know. The person herein described has permission to engage in all program activities except as noted. I hereby give permission to Center to provide routine health care and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the Center to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Center to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent/guardian or adult participant/staffer _____

Printed Name _____ Date _____

**If for religious reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.*

Health History

The following information must be filled in by the parent/guardian, or adult participant or staff member. The intent of this information is to provide Center staff the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to Center staff upon participant's arrival in camp. Provide complete information so that the Center can be aware of your needs.

ALLERGIES: List all known

Medication allergies

Describe reaction and management of the reaction.

Food allergies

Other allergies

DIETARY RESTRICTIONS

PHYSICAL RESTRICTIONS

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware.

General Questions (Explain "yes" answers.)

Has/does the participant:

Yes No

Yes No

1. Had any recent injury, illness or infectious disease?

13. Ever had high blood pressure?

2. Have a chronic or recurring illness/condition?

14. Ever been diagnosed with a heart murmur?

3. Ever been hospitalized?

15. Ever had back problems?

4. Ever had surgery?

16. Ever had joint problems?

5. Have frequent headaches?

17. Have any skin problems?

6. Ever had a head injury?

18. Have diabetes?

7. Ever been knocked unconscious?

19. Have asthma?

8. Wear glasses, contacts or protective eye wear?

20. Had mononucleosis in the past 12 months?

9. Ever had frequent ear infections?

21. Have problems sleepwalking?

10. Ever been dizzy/passed out during or after exercise?

22. Have a history of bed wetting?

11. Ever had seizures

23. Ever had an eating disorder?

12. Ever had chest pain during or after exercise?

Please explain "yes" answers, noting the number of the questions.

Screening Record: For camp use only

Date _____ Time _____

Meds received _____

Updates/additions to Health History _____

Current Health needs identified _____

Screened by _____