



## Rotary Youth Leadership Awards 2024 Documentation Check List

### Important:

All documents are required and must be fully completed in order for us to be able to consider your application.

Before submitting your documentation, please complete the checklist below to ensure your documentation is complete.

- 1. Communication, Photo and Video Release Form**
  - All fields complete including Student and Parent/Guardian signatures
  
- 2. Freedoms Foundation at Valley Forge 2024 Student Medical Information Form**
  - Ensure all fields are completed
  - Most common reason form is rejected: Incomplete fields on page 4
  - Forms from *previous* years cannot be accepted
  
- 3. Health Insurance Card**
  - Require a copy of the front AND back of the Student's Health Insurance Card
  
- 4. RYLA Cancellation Fee Acknowledgement**
  
- 5. Participant Code of Conduct**
  - Both pages
  - All fields must be complete
  
- 6. Complete Online Registration**
  - <https://RotaryDistrict7450.org/ryla-registration-process/>

### **Please Note:**

All documents and data fields are required.

If any forms are missing, or fields are blank, we will have to reject the submission and a new document package will be required. Unfortunately, we cannot be flexible on this requirement.

Forward **complete** document package by  
**January 12<sup>th</sup>** to:

RYLA c/o Brian Casey 505 Georgetown Road Wallingford PA 19086-6921
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**Please keep a photocopy of all documents submitted.**

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to facilitate printing on both sides of the paper.



## Rotary Youth Leadership Awards

# 2024

# Communication, Photo and Video Release Form

RYLA USE ONLY				
Nm	_____			
Dc	P	M	I	C C
Cl	_____			
Cq	_____			
	OR	DC	AL	

**Event:** Rotary International District 7450  
 Rotary Youth and Leadership Awards Conference  
 February 2-4, 2024

### Permission to Use Photograph

I hereby give my consent for Rotary International, Rotary District 7450 Inc. and all of its affiliated member Rotary and Rotaract Clubs to use images and videos of my likeness in its publications, including its website, and through any digital based social media sites including but not limited to YouTube, Facebook and Twitter. I release them from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below.

I grant to Rotary International, Rotary District 7450 Inc. and all of its affiliated member Rotary and Rotaract Clubs the right to take photographs or videos of me, and my family in connection with the above-identified event. I authorize Rotary International, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Rotary International, Rotary District 7450 Inc. and all of it's affiliated member Rotary and Rotaract Clubs may use such photographs or videos of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

### Permission to Communicate

Additionally, I hereby give my consent for representatives of Rotary and/or the Rotary Youth Leadership Awards Committee to communicate directly with the participating student through phone numbers, and/or email addresses provided, on matters relating to their participation in the Rotary Youth Leadership Awards event.

I have read and understand the above:

<b>Student's Name (printed):</b>	_____		
<b>Address:</b>	_____		
<b>City, State</b>	_____	<b>Zip:</b>	_____
<b>Student's Signature:</b> X	_____	<b>Date:</b>	_____
<b>Parent/Guardian's Signature:</b> X	_____	<b>Date:</b>	_____

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to facilitate printing on both sides of the paper.

FREEDOMS FOUNDATION AT VALLEY FORGE  
**2024**  
STUDENT MEDICAL INFORMATION FORM

**This form consists of FOUR sections. In order to be admitted to the Rotary District 7540 RYLA, each section needs to be completed with the required signatures and be received by the RYLA Organizing Committee.**

NAME OF PARTICIPANT

**I. PARENT'S WAIVER**

We (I) hereby give permission for the above-named student to attend the **RYLA conference from February 2, 2024 to February 4, 2024** to be conducted at Freedoms Foundation at Valley Forge. We (I) understand participation in this conference is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. We (I) hereby release and discharge the Rotary International, Rotary District 7450 Inc. and all of its affiliated member Rotary and Rotaract Clubs, Freedoms Foundation at Valley Forge, and all officers, agents, instructors, volunteers, employees, and related parties associated with this conference 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** (*circle one*) (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 are required to be covered by personal or family insurance.

We (I) hereby certify, under penalty of perjury, that the above-named student is covered  
**Names of Parents or Guardians (please print)**

**Signature of Parents/Guardians**

**Date**

**Insurance Company**

**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**

**Name**

**Relationship**

**Relationship**

**Telephone**

**Telephone**

**III. PARENTS CONSENT FOR EMERGENCY MEDICAL TREATMENT**

In the event that our (my) child [redacted] 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. We (I) further agree to be completely responsible for any bills that occur in providing medical care.

**Name of Parents or Guardian (please print)**

[redacted]

**Signature of Parents/Guardians**

[redacted]

**Date**

[redacted]

**IV. STUDENTS MEDICAL HISTORY**

<b>Participant Name:</b>		<b>Birth Date:</b>	
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	
		<b>Zip Code:</b>	

<b>Date of most recent exam:</b>		<b>Weight:</b>		<b>Height:</b>	
<b>Date of most recent tetanus toxoid (aka DTP) immunization:</b>					

<b>Doctor's Name:</b>					
<b>Doctor's Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>	
<b>Doctor's Phone:</b>					

**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.*


Allergies (Hay fever, insect stings, etc.)	
Food allergies:	
Medication allergies:	
Current Medications:	

**\*\*\* Please bring Epi Pen if applicable.**

## HEALTH INSURANCE CARD

**\*A photocopy of the student's health insurance card – front and back - is required with this Medical Form.**

**Photocopy this page with  
FRONT SIDE  
of Health Insurance card  
showing here**

**Then Photocopy this page with  
BACK SIDE  
of Health Insurance card  
showing here**

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to facilitate printing on both sides of the paper.



## \$290 RYLA Cancellation Fee Acknowledgement

The Rotary Youth Leadership Awards (RYLA) program is funded through sponsorships by local Rotary Club and made possible by hundreds of volunteer hours from Rotarians. Rotary Clubs pays \$290.00, raised in the normal course of fundraising, to fund each Student's attendance. Since we solicit and collect donations from the public at large, we are obligated to be responsible stewards of these donations. **Our loss of these funds, caused by a student's failure to attend, requires us to charge a cancellation fee.**

Here is a small sampling of what your student's \$290 scholarship is worth to others we serve:

- 492 children immunized against polio
- 520 posters promoting immunization
- 520 aprons to identify health workers, volunteers, and vaccinators
- 2080 finger markers to identify children immunized
- 182 vaccine carriers to keep vaccines cold

Please understand your student's "no show", or late arrival or early departure hurts many people, and of course, the students attending the program itself. This is why we need your signed commitment:

### Commitment to Reimburse

I, \_\_\_\_\_, (print Parent/Guardian's name)  
hereby commit to reimburse the Rotary Club providing my student's program fees to attend RYLA if for any reason my student fails to attend or withdraws before any qualified substitute could be found. Any student who fails to cancel after 15 days prior to the Friday start of the program will be subject to this cancellation fee. Prorated reimbursements may be accessed, at the sole discretion of the RYLA committee, should my student arrive late or need to leave the program early.

X

Date: \_\_\_\_\_

Signed by Parent or Guardian of \_\_\_\_\_

(Print name of participating Student)

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to facilitate printing on both sides of the paper.



## Rotary District 7450 Participant Code of Conduct

You have been selected for this Rotary Youth Leadership Awards program (“Program”) because you have been identified as a leader. This program will enhance your personal abilities, and give you the opportunity to meet and share ideas with other leaders. Our speakers, activities, and discussion groups will provide you with many positive and helpful approaches to personal growth.

Rotarians are looking forward to sharing the RYLA experience with you. Please **attend all assigned activities**.

While we require your acknowledgement of this Code of Conduct, as leaders, we are confident that you will behave in a manner your parents and sponsoring Rotarians would be proud of. Should any participant’s conduct be considered unacceptable at any time by RYLA officials, that participant’s parents/guardians will be contacted immediately to remove them from the Program.

We want the next RYLA to be welcome at Freedoms Foundation. Please leave the facilities and grounds as clean as when you arrived. Follow the requests of staff. Report damage or breakage immediately to your Group Leader or Dormitory Monitor.

You are encouraged to approach any Rotarian or staff for assistance at any time.

### Procedures and Rules

#### General:

1. You have made a commitment to attend RYLA from Friday afternoon to Sunday afternoon. If a conflict arises, and you can’t attend the whole weekend, contact your sponsoring Rotary Club immediately per RYLA Cancellation Policy.
2. Transportation is NOT provided to or from the Program. Participants are expected to make their own arrangements with Parents/Guardians, or alternatively with their sponsor Rotary Clubs.
3. Help us maintain security at RYLA by wearing your nametag at all times.
4. If any person is injured or becomes ill, do not move him/her. Immediately contact your Group Leader, Dormitory Monitor or other staff, or call 911 if appropriate.
5. If you take medications, whether prescribed or “over-the-counter”, each participant is responsible for retaining and securing medications in original containers and consuming only as prescribed.
6. Tobacco, alcoholic beverages, and illegal drugs are not permitted at RYLA. Any violation will lead to dismissal from the Program.
7. Remain on site in designated areas. Do not leave the Freedoms Foundation boundaries.
8. Use of cell phones and other electronic devices for texting and voice conversations is not permitted during meetings, activities or meals. If used inappropriately, they will be confiscated until the end of the day.

9. Treat everyone with respect. Discriminatory, foul or abusive language, physical violence or threats, or sexual or lewd misconduct will not be tolerated. Any of these behaviors may result in removal from the Program.
10. All Participants will comply with laws of all applicable legal jurisdictions.
11. Any Participant that is removed from the Program for non-compliance with the Code of Conduct, will be responsible for reimbursing the sponsoring Rotary Club for the entire \$290 sponsorship fee that was paid by the Sponsoring Rotary Club within 14 calendar days.

**Dormitories:**

1. You will be assigned to a room with other participants. Select your bed and stow your personal gear in the space provided. Respect each other’s belongings and space.
2. Lock your room at all times.
3. You will not be able to return to your room except at specific times in the schedule.
4. Be in your Room by “Lights-Out”. Talking is allowed as long as it does not disturb others in your room.
5. Remain in your room throughout the night.
6. There are separate Dormitory areas for males and females. Do not enter a room or Dormitory that is not assigned to you. Males are not allowed in female Dormitory areas, and vice versa.

**Small Group:**

1. You will be assigned to a small discussion group. A Rotaract Member will be your group leader. You will meet your group in your designated area to participate in discussion groups, meetings and activities as a group throughout the Program.
2. Be on time to all meetings and remain in the meeting according to the schedule.

**Dining:**

1. Participants are responsible for notifying RYLA staff of any special dietary needs or allergies.  
***Restrictions are required on the online application completed by all participants.***
2. Staff will explain procedures for getting in line for food. Listen carefully and follow their directions. You may obtain seconds when everyone has been served.
3. Participants are responsible for cleaning up after meals.

I have read the Code of Conduct and agree to honor it.

Print Name			
High School Name			
Sponsor Rotary Club			
Student Signature	✗	Date	
Parent Signature	✗	Date	