



April 22nd-April 25th, 2010
(1:00 PM Thursday-12:30 PM Sunday)

To be held at:
The Salvation Army's
"Heart O' The Hills" Campground and Conference Center
Tahlequah, OK

Mike Rogers
District 6110
Chair, RYLA Committee
1220 E. Forest Dr.
Sand Springs, OK 74063

Cell: 918-813-6872
Fax: 888-203-6872
E-mail: ryla@ccmore.com
Internet: <http://www.ri6110.org/ryla/ryla.htm>

2010 Rotary Youth Leadership Awards (RYLA)

Student Application (Form 1, Page 1)

STUDENT INFORMATION:

Name: _____
Last First Initial Age Sex Shirt Size Pant Size

Home Address: _____
Street City/State Zip Residence Phone #

School Information: _____
Name of School City/State Grade Point

E-Mail Address: _____

A. Club Memberships and offices held: _____

B. Favorite School Subjects: _____

C. Athletic and Special School Activities: _____

D. Career Ambitions: _____

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

Parent/Guardian Information:

Name: _____
Last First Initial Age Sex

Home Address: _____
Street City/State Zip Residence Phone #

Occupation: _____
Company or Business Firm Business Phone

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Student/Parent/Guardian Authorization (Form 1, Page 2)

I hereby give permission for (student name): _____
to be treated by a physician and/or hospital while attending Rotary Leadership Awards
(RYLA) camp in Tahlequah, OK (April 22nd - April 25th, 2010), should an accident or
injury occur.

List any allergic reactions of student:

Should you be unable to contact me at any number on the previous form, please contact
the following person at the number shown below:

Name: _____

Relationship: _____

Phone Number: _____

(Signature of Parent/Guardian)

(Date)

(Signature of Sponsoring Club Rotarian)

(Date)

STUDENT ACCEPTANCE:

**I agree to participate in the RYLA program and will
attend ALL sessions of camp, which runs from 1:00PM
Thursday April 22nd through 12:30PM Sunday April
25th, 2010.**

(Signature of Student)

(Date)

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ROPES Course Liability Release (Form 2, Page 1)

Any person using The Salvation Army ROPES course must sign this release.

The Challenge Course program involves a variety of activities, which may include warm up exercises, bending, jumping, falling, climbing, controlled falling, and descending ranging from 0-65 feet. There will be times when participants wear harnesses and helmets that assist users in climbing, falling and suspending safely. The program follows all safety procedures to reduce, but not to eliminate every risk (e.g., bruises, sprains, fractures and even death). At times, the very nature of these activities may cause the participants to have an increase in heart rate in a short period of time, which may increase the risk of cardiac issues.

Certain elements of the program are physically, mentally, socially and emotionally challenging and demanding. Participation in each of the various activities is voluntary and the purpose of this notification is to assist you in deciding whether or not you wish to participate. In addition, it allows our acilitators to design a program that maximizes your experience as well as assisting you in the event of an emergency. This form and its information will be kept in strict confidence and only shared with your permission as allowed by law.

It is the policy of The Salvation Army and Heart O'Hills to ensure that our participants have control over their own personal safety. Participants are in control at all times of their own level of physical participation. During our sessions, you only need to attempt to do those things that you choose to do, although the Facilitators will "encourage" you to do and try things you never thought possible. It is vitally important that you listen to all instructions and briefings, set your own goals in relation to the groups goals, make the decision as to your own level of participation and inform others of your choice.

I understand that I am responsible for assessing my ability to participate in each activity offered at the program. I affirm that I have disclosed the information necessary to enable the Course Facilitators to provide safe and effective assistance should an emergency arise. In the event of an emergency, I hereby give my permission as a participant in the program to receive any first aid, transportation or medical attention that may be required for my well being.

The undersigned will be participating in The Salvation Army Heart O'Hills Ropes Challenge Course Program. The undersigned acknowledges that the program involves physical activities, which as with any sport gives rise to the risk of bodily injury and or property damage. " I do hereby release and agree to hold harmless The Salvation Army and Heart O'Hills, its employees and Officers from any and all liability, demands, suits, actions, claims or judgments of any nature; costs and expenses including reasonable attorneys fees incidental for any injury, damage, illness or death which I may sustain during or as a result of my participation in the program. I also recognize and understand the inherent risks associated with this type of activity. Let it also be known that this release is binding on me, my heirs, assignees and personal representatives and/or guardians."

Participant Signature	Date	Age	Parent/Guardian Signature (if under 18 years of age)	Date
PARTICIPANT'S EMERGENCY INFORMATION				
Person to Contact		Phone	Relationship	

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ROPES Course Liability Release-Health Record (Form 2, Page 2)

Any person using The Salvation Army ROPES course must sign this release.

Student Name: _____ Age: _____

Address: _____

City, State, Zip: _____

In case of emergency notify:

Name: _____ Relationship: _____

Address: _____

City, State, Zip: _____

Telephone(s): _____

Family Physician Name: _____ Telephone: _____

Health history: Please indicate any present or previous illness or accident which would affect your satisfactory participation in the ROPES course. This would include, but not be limited to: heart trouble; kidney disease; asthma; sinus trouble; rheumatic fever; epilepsy; hay fever; ear ache; tuberculosis; sever stomach ache; fainting spells; diabetes; diarrhea; menstrual problems; or pregnancy: _____

Do you tire or get out of breath easily? _____

Are you now taking any medication? Is so, please explain: _____

Statement: This health history is correct as far as I know and the student listed below has permission to engage in all prescribed activities, except as noted by either me or a physician. In the event the student is unable to otherwise give permission, I hereby give permission to the physician selected by the leader in charge to hospitalize, secure proper anesthesia or to order injection or surgery for said student. This authorization covers only the RYLA activities from April 22nd-April 25th, 2009.

(Student Signature)

(Date)

(Parent/Guardian Signature)

(Date)