



March 26<sup>th</sup>-March 29<sup>th</sup>, 2009  
(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  
Internet: [ryla@ccmore.com](mailto:ryla@ccmore.com)

# 2009 Rotary Youth Leadership Awards (RYLA)

## Student Application (Form 1, Side 1)

### STUDENT INFORMATION:

Name: \_\_\_\_\_  
Last First Initial Age Sex Shirt 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

# 2008 Rotary Youth Leadership Awards (RYLA)

## Student/Parent/Guardian Authorization (Form 1, Side 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 (March 26<sup>th</sup>-March 29<sup>th</sup>, 2009), should an accident or  
injury occur.

List any allergic reactions of student:

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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: \_\_\_\_\_

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(Signature of Parent/Guardian)

(Date)

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(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 March 26th through 12:30PM Sunday March 29<sup>th</sup>, 2009.**

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(Signature of Student)

(Date)

# 2009 Rotary Youth Leadership Awards (RYLA)

## ROPES Course Liability Release (Form 2, Side1)

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

The therapy provided by the Salvation Army ROPES course is designed to help participants develop leadership skills, coping strategies, improve self-esteem, learn the value of teamwork, and gain a sense of personal accomplishment. It is an especially effective means of promoting cooperation and cohesion among family members, classmates, members of social organizations and those involved in similar group activities.

Experienced professionals who have been thoroughly trained as facilitators of experiential therapy guide those who utilize the course through the program. Participants are invited to physically challenge themselves in a safe environment, develop creative problem-solving skills and discover the value of working with others to achieve goals. Absolutely no individual is ever forced or unduly coerced into participating. The ROPES course always offers challenges by student's choice.

The student whose name appears below requests participation in the Salvation Army's ROPES course to be organized and conducted at 'Heart O' the Hills' campground during the weekend of March 26<sup>th</sup> - March 29<sup>th</sup>, 2009. In consideration of this action in allowing the student to participate in such a course, the undersigned acknowledges that the ROPES course will necessarily involve participation in exercises which could be, by their nature, physically demanding and will subject the student to stress, anxiety, and possible hazards, not all of which can be foreseen. It is fully understood that the student could be climbing on cables, logs, ladders, walls, and beams which could be thirty (30) feet above the ground. All reasonable precautions will be taken to protect all participating students.

The undersigned assumes all of the ordinary risks normally incidental to the nature of the program including risks that are not specifically foreseeable. The undersigned also release any and all rights or claims against the Salvation Army, Rotary International, and any and all individuals assisting in and instructing and conducting the ROPES course, from all liability of any nature for any and all injuries, loss or damage suffered by the student during, or in any way connected with, these activities.

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(Student Signature)

(Date)

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(Parent/Guardian Signature)

(Date)

# 2009 Rotary Youth Leadership Awards (RYLA)

## ROPES Course Liability Release-Health Record (Form 2, Side 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 March 26<sup>th</sup>-March 29<sup>th</sup>, 2009.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)