



**2010 MAUI ROTARY YOUTH LEADERSHIP AWARDS CAMP
January 29-31, CAMP MALUHIA,
Applicant Information/Parental Release Form**

Please complete this form legibly and in black or dark blue ink.

Name _____ Nickname _____ Age _____ Sex _____

Mailing Address: _____ City _____ Zip _____

Home Phone: _____ School _____ Grade _____

Cell Phone: _____ E-Mail _____ T Shirt Size _____

Are you an Interact Club member? _____ Have you attended a RYLA camp? _____

Parent(s) Employer _____

List your school and/or community activities (Include any elected or leadership positions):

PARENT(S)/ GUARDIAN(S) ACCEPTANCE

Our son/daughter has discussed the Rotary Youth Leadership Awards (RYLA) program with me (us) and I (we) give my (our) permission to apply for participation in the overnight, co-ed RYLA program to be held January 29-31 2010 at Camp Maluhia, Maui, Hawaii. Further I (we) give my (our) 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 (we) have also reviewed the Program's Code of Conduct and I (we) agree with them and understand that, to assure the safety and well being of each participant, they will be strictly enforced. I (we) further understand that my (our) 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 only be considered by the program staff only based on an exceptional basis such as family emergency, injury, etc. I (we) grant permission for the use of camp photographs of my (our) son/daughter by Rotary for RYLA publicity purposes.

Signature of Parent/Guardian _____ Print Name _____

Emergency Phone Numbers: Cell Phone _____ Other _____

Signature of Parent/Guardian _____ PrintName _____

Emergency Phone Numbers: Cell Phone _____ Other _____

Please return to RYLA c/o Laird, 250 Hauoli St. #220, Wailuku, HI 96793, or fax to 1-877-270-9389. For more info call Larry or Joanne Laird at 757-0981 or email to: mamalrd@jps.net

Deadline is December 30, 2009



ROTARY CLUBS OF MAUI



ROTARY YOUTH LEADERSHIP AWARDS

MAUI ROTARY CLUBS – 2010 RYLA PROGRAM HEALTH INFORMATION & CONSENT FOR EMERGENCY TREATMENT

This information on this form will be kept confidential and will only be used by medical personnel.

Student's Last Name _____ First _____ DOB _____ Sex _____
 Street Address _____ City _____ Zip _____
 Insurance Company _____ Policy Number _____
 In case of emergency notify _____ Phone _____
 Relationship to Participant: Parent __ Guardian: __ Other (specify) _____
 Family Physician or Clinic _____ Phone _____
 Date of Last Tetanus Shot _____

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

	Yes	No
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? List below.	_____	_____
16. Do you have any special dietary needs?	_____	_____
17. Do you have any limiting physical or emotional conditions?	_____	_____
Explanations (Use reverse side if necessary)		

I am of the opinion that my child can and may participate in the Rotary Youth Leadership Awards program (RYLA) at Camp Maluhia, Maui, Hawaii on January 29-31, 2010. I further declare that he/she has no physical, emotional, mental or communicable conditions that will interfere with participation in this program. I hereby release Rotary District 5000, Maui Rotary clubs and all program staff from all liability, including payment for treatment for illness or accidents which may occur.

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 our child's health.

Parent/Guardian Signature _____ Print Name _____

Date _____ Phone number(s) _____



ROTARY CLUBS OF MAUI



ROTARY YOUTH LEADERSHIP AWARDS

CODE OF CONDUCT

2010 RYLA PROGRAM – MAUI ROTARY CLUBS

THE RYLA PROGRAM STAFF WISHES TO PROVIDE A SAFE, SECURE SETTING FOR ALL THOSE WHO PARTICIPATE IN THIS PROGRAM.

The following Code of Conduct rules and conditions will apply to all RYLA participants, staff and visitors throughout the Maui program January 29-31, 2010 at Camp Maluhia, Maui, Hawaii.

- Possession or use of alcoholic beverages or illegal drugs is prohibited.
- Smoking or any use of tobacco products is prohibited.
- Participants are responsible for keeping sleeping area and room clean and orderly
- Sleeping arrangements will be assigned and 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.
- Participants must attend all program events at specified times, unless excused by program staff.
- 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 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 except during break periods as designated by the staff. Emergency incoming calls will be accepted by the Camp Director at this number: (808) 757-0981

Participants are expected to attend the full program, and if, for any reason, you know that you cannot do this, please do not apply for participation. Requests to not take part in any program activity or to leave before the end of the program will only be considered by the program staff for an exceptional basis, i.e., family emergency, injury, illness, physical limitation, etc. If it becomes necessary for you to leave the program because of such circumstances, your parents will be notified and they will be responsible for arranging all transportation from the camp to your home. Only parents or guardians may give such permission to leave the program and to provide transportation. Any participant who leaves the program early will not be permitted to return, and will not receive a Certificate.

Participants who violate this Code of Conduct may be asked by the program staff to leave the camp, in which case the parents will be responsible for picking them up at Camp Maluhia and transporting them home as soon as requested.

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

Signed (RYLA Participant) _____ Date _____

Print Name _____

Signed (Parent/Guardian) _____ Date _____

Print Name _____

Phone numbers (Cell, Home, Work) _____