

ROTARY YOUTH LEADERSHIP ACADEMY (RYLA) DISTRICT 7670
GROUP MENTOR REGISTRATION

RYLA will be held at the YMCA Blue Ridge Assembly during MARCH 28-31, 2019. You are expected to arrive not later than 2PM on Thursday, March 28. You will live in the dormitory spaces with the young leaders. The cost is \$100 per mentor (which includes meals, lodging and background checks). You may depart the YMCA after 3:30 PM on Sunday, 31 March.

Your duties are to mentor your assigned group by encouraging them in the activities, assisting the staff counselors and offering advice when needed or asked. This is the first time this District has held RYLA in the format, so flexibility is key to its success.

Thank you for joining us as a Group Mentor. Please complete all three pages of this form. You will be contacted by a RYLA Rotarian Volunteer as more information is available. Rotary District 7670 will perform a Background check on you for your and our Youth's Protection. The background check form will be sent to each person who volunteers as a mentor with instructions on how to complete and where to submit. To start the process, please complete all three enclosed pages

and email to Rotarian Mike Stevenson at msteven1@ccvn.com AND print it, sign it and mail it along with check for \$100 made payable to Rotary District 7670 (not in memo line RYLA) to Rotary District Office (RYLA), PO Box 1954, Asheville, NC 28802.

Name: _____ Male _____ or Female _____

If you attended/participated in RYLA before, when? _____

Home phone: _____ Mobile Phone: _____

Email address: _____

Rotary Club: _____

Tee Shirt size (suggest larger than smaller): S __ M __ L __ XL __ 2 XL __
3XL __ 4XL __

If you have any dietary restrictions, please explain briefly:

YMCA Medical Questionnaire

Name _____

Age _____

Group is Rotary RYLA

This form is intended to remind participants, group leaders and staff of the seriousness of attempting any outdoor or adventure activity with a pre-existing medical condition or personal safety concern.

Please explain any "Yes" answer.

Questions

1. Do you have pre-existing medical conditions? Yes ___ No ___
2. Are you taking medications? Yes ___ No ___
3. Do you have heart conditions? Yes ___ No ___
4. Do you have high blood pressure? Yes ___ No ___
5. Do you have allergies (food, bees, insects, medicines)? Yes ___ No ___
6. Do you foresee any problem participating in activities due to lack of exercise back home? Yes ___ No ___
7. Do you have a disability (physical, intellectual, emotional)?
If yes, please indicate the functional implications and any concerns about participation related to the disability. Yes ___ No ___
8. Do you feel any pressure or coercion from employer or others to participate in outdoor recreation or adventure activities? Yes ___ No ___

Emergency contact [Click or tap here to enter text.](#) telephone [Click or tap here to enter text.](#)

Medical Insurance Company [Click or tap here to enter text.](#)

I have honestly disclosed any medical, psychological or personal information relating to personal safety and related health. I understand that engaging in any activity on YMCA Blue Ridge Assembly grounds is a personal choice. When involved in staff-led adventure activities, I understand that a "challenge by choice" atmosphere exists; and I choose the level at which to participate.

Signature

Date

Informed Consent and Liability Release

YMCA Blue Ridge Assembly is located in a natural mountainous terrain. While attention to safety is a primary concern on the Blue Ridge grounds, there are inherent risks while engaging in recreational activities in a natural setting. YMCA Blue Ridge Assembly also offers adventure and outdoor activities led by Blue Ridge staff. The facilities and programs have an excellent safety record with trained instructors. Stringent safety precautions and operational procedures are enforced. However, with any adventure activity, there is potential for injury. YMCA Blue Ridge Assembly requires that all participants sign the informed consent and liability release below indicating that they understand potential risks. Parents must co-sign for all participants under the age of 18.

1. I acknowledge that my participation in recreational activities, both self-guided and staff-led, involves known and unanticipated risks which could result in personal injury. I understand that such risks simply cannot be eliminated due to the environment and/or nature of the adventure activities.
2. I understand that adventure activities supervised by trained Blue Ridge staff may include outdoor and indoor climbing facilities, high swing, high and low ropes courses, mountain biking, hiking, swimming and other challenging activities. Self-guided recreational activities may include hiking, sports activities and activities designated by the conference group leader.
3. I agree that I am solely responsible for my own participation and for my own physical and emotional well-being. I am aware and understand that all of my program activities are strictly voluntary; and it is my own choice to participate in each activity to whatever degree I deem appropriate after due consideration of my own physical health, physical abilities and medical condition. I am willing to assume the risk of any medical or physical condition I may have.
4. I accept and assume all of the risks existing in chosen activities. These include activities led by Blue Ridge staff, activities led by the conference group and individual recreation activities. During any activity, there may be contact with plants, animals or insects that could create hazards such as stings, allergies and associated diseases. During adventure activities risks include the potential for slips, falls and falling, rope burns, pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions or even more severe life-threatening hazards.
5. I certify that I have adequate insurance to cover any injury or damage I may suffer or cause while participating, or else I agree to bear the costs of such injury or damage to myself. YMCA Blue Ridge Assembly does not provide health or accident insurance for participants.
6. I willingly and knowingly assume for myself all the risk of physical injury and emotional upset that may occur during or after participating in any aspect of any program and hereby agree to hold YMCA Blue Ridge Assembly, its employees, instructors, facilitators and agents harmless for any liability arising out of my participation in the program.

Name _____.

Address _____

Home Telephone _____ . Emergency Telephone _____.

Group Name: Rotary RYLA

Signature

Date