



**Rotary Youth Leadership Academy District 7670**  
**YMCA Blue Ridge Assembly –Black Mountain, NC.**

Thursday, March 28- Sunday, March 31, 2019

Application to the Rotary Club of \_\_\_\_\_

We are delighted to have you apply for RYLA. Rotary Youth Leadership Academy (RYLA) provides an opportunity for high-school aged students from Rotary District 7670 (western NC) to embrace adventure, learning, and leadership.

Please read and complete this entire form. Your local Rotary Club will determine who they sponsor for RYLA. Your sponsoring Rotary Club will submit the form and payment in one of two different ways. The club may mail the forms and payment to the Rotary District Treasurer at PO Box 1954, Asheville, NC 28802. Make check for \$300 per youth payable to Rotary District 7670 and note RYLA in memo area of check. Direct questions to PDG Gary Dills at [gddills@gmail.com](mailto:gddills@gmail.com) or AG Mike Stevenson at [msteven1@ccvn.com](mailto:msteven1@ccvn.com).

#### **DETAILS ABOUT RYLA**

##### **Activities**

The weekend will be busy with activities, evening programs, and a closing program on Sunday. Activities include hiking, arts and crafts, sports, archery, climbing and team building activities.

##### **Insurance/Safety**

YMCA Blue Ridge Assembly has limited participant medical coverage. All activities will be done as safely as possible. Although accidents can happen, safety is a top priority in everything we do.

##### **Young Leader Behavior**

Poor conduct will not be tolerated and those who choose not to follow the guidelines will be sent home. Parents or guardians will be responsible to provide transportation in these instances. Use of smartphones and other electronic devices without permission from the Group Mentor is prohibited.

##### **Transportation**

Young leaders are not permitted to drive themselves. They must be transported to and from the event site by Rotarians. Sunday departure is 2PM.

##### **Application Packet**

- This application includes the RYLA Permission Form, the Media release form, the medical consent form and the informed consent and liability release form (a total of six pages). Just like a field trip, we must have these forms completed to participate. There is a signature on page 2 that **must be signed by a guardian**. If requested by the sponsoring Rotary Club, Young leaders must personally complete the essay portion.

Enjoy the weekend and the experience!



**Questions:** The sponsoring Rotary Club may request completion of the following questions if they choose:

**Briefly explain why you want to attend Rotary Youth Leadership Academy.**

**Are you currently in a leadership role at school, work, or in a community group? List past and present positions held, and the organization(s) involved.**

**List your extracurricular activities/hobbies:**

**List any additional qualifications or skills that you feel are relevant to this opportunity.**



**Media Release**

**Rotary District 7670  
Rotary Youth Leadership Academy  
March 28-31, 2019**

**I give my permission for photographs and/or video images to be used for publicity and promotion of the RYLA event of Rotary District 7670.**

**Participant's Name (printed) :** \_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_

**Parent/Guardian name printed:** \_\_\_\_\_

**Signature of participant if aged 18 or over:** \_\_\_\_\_

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

# 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 \_\_\_\_\_ Telephone \_\_\_\_\_

Medical Insurance \_\_\_\_\_

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 \_\_\_\_\_

Explanations to Questions answered YES (in above)

# YMCA 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 \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (participants under age 18)

\_\_\_\_\_  
Date