

To: Parents of Student Leaders
From: Rotary District 5280 RYLA Committee
Subject: Invitation to Attend 2015 Rotary Youth Leadership Assembly (RYLA)

Congratulations! Your teenager has been chosen to attend the 2015 Youth Leadership Assembly sponsored by Rotary International District 5280, to be held on April 24, 25 & 26, 2015 at Alpine Conference Center in Blue Jay, California.

WHAT IS ROTARY? Rotary International is the oldest service organization in the United States, having been founded in 1905. It currently has approximately 1.25 million members worldwide, comprised of local business men and women in the various communities where there are Rotary Clubs. Rotary is dedicated to the advancement of world understanding through peace and service projects and provides assemblies like the one to which your child has been invited as a means to help young people develop their leadership skills as part of that goal.

The rotary clubs are spending hundreds of dollars teaching your children leadership skills. If your child is signed up and cannot go, you must let us know before April 10, 2015. If you do not let us know before that date, you will be financially responsible to reimburse the rotary club that sponsored your child.

WHAT HAPPENS AT RYLA? Each year, between 180 and 200 high school students from Rotary International District 5280 meet for 2 days and participate in a variety of activities, including active leadership workshops, team building activities, an Olympics and talent show. Many friendships develop at these assemblies, some of which are carried forward as the students grow and mature. This conference offers your child an opportunity to learn and express leadership skills and to accept individual responsibility as the basis for personal success, community involvement and group achievement.

The center is comprised of cabins and dormitories, segregated by gender, all of which are fully enclosed and equipped with a full complement of restroom facilities. The program includes all meals and there is no need for money other than that needed for the gift shop and coffee bar. Set high in the San Bernardino Mountains, the setting of the camp is breathtaking and completely private, giving the students a peaceful environment in which to learn to know themselves and each other better. Each year's assembly is staffed by approximately 30 male and female adults, most of whom are Rotarians, with the occasional spouse or teacher, who is assigned to the cabins and dormitories and provide supervision of the students at all times.

As always, this year's RYLA has a full agenda of excellent speakers and motivators, as well as many activities, all designed to challenge the students and help them develop their leadership skills, for their benefit and the benefit of their communities. The students will be transported to and from the camp by bus, (see attached schedule) with an early-morning departure on Friday, April 24, 2015. The assembly ends at 2:00 p.m. on Sunday, April 26, 2015 and the students will be returned to the designated locations at approximately 4:00 p.m. Transportation to and from the pick-up points will be your responsibility. You will receive confirmation of your student's transportation location approximately 10 days prior to the assembly.

(If you do not receive confirmation 10 days prior, please contact Krislyn @310-930-0715, krislynpomeroy@gmail.com)

Attached for your information are the following:

1. What to bring list
2. Registration form which requires parental consent
3. Medical History and Consent to Treatment form which requires parental signature(s)
4. Directions to Blue Jay and camp phone number (emergency only)
5. Preliminary Agenda
6. "RYLA IDOL" Flyer

The cost is \$190.00 per student and is usually paid by the sponsoring Rotary Club. The Rotary Club will notify you if the cost is to be shared in any way.

Please return the registration form with your consent portion signed by you, together with the Student Medical History and Consent to Treatment form signed by you, to the sponsoring Rotary Club as soon as possible and, again, congratulations. We look forward to your student's participation and are available if you have any questions.

PLEASE NOTE CELL PHONE SERVICE IS UNRELIABLE AT CAMP, YOUR CHILD MAY NOT BE ABLE TO CONTACT YOU BY CELL PHONE WHILE AT CAMP.

Elyse Beardsley
RYLA Co-Chair
310-322-3252

e-mail: rotaryqueen@gmail.com

Joe Harding
RYLA Co-Chair
310-613-6300

email: joseph@urbanunicornproductions.com

Please give your completed registration forms to your Rotary sponsor or RYLA contact. ***Keep all other pages for future reference.*** All applications are to be returned by March 15, 2015. They should return the forms to:

Rotary District 5280
RYLA
C/O Elyse Beardsley,
2618 Vargas Way
Redondo Beach, CA 90278



ROTARY YOUTH LEADERSHIP ASSEMBLY

Rotary International District 5280

April 24th, April 25th and 26th, 2015

<u>Please check one:</u> <input type="checkbox"/> Counselor (fill out first page only) <input type="checkbox"/> Student	<u>Please check one:</u> <input type="checkbox"/> Female <input type="checkbox"/> Male T-SHIRT SIZE: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL
---	---

Grade Level:

Please indicate which Location would be the most convenient for your child:

<input type="checkbox"/> Mar Vista	<input type="checkbox"/> West Hollywood	<input type="checkbox"/> Redondo	<input type="checkbox"/> Hawthorne	<input type="checkbox"/> Downey	<input type="checkbox"/> Chatsworth	<input type="checkbox"/> Glendale
------------------------------------	---	----------------------------------	------------------------------------	---------------------------------	-------------------------------------	-----------------------------------

PLEASE PRINT:

STUDENT NAME

ADDRESS CITY/STATE ZIP

CELL PHONE # HOME PHONE #: E- MAIL:

HIGH SCHOOL :

CLUB OR ORGANIZATION

SPONSORING ROTARY CLUB

SPONSOR NAME

SPONSOR PHONE #

PARENTAL CONSENT:

I hereby GRANT PERMISSION FOR

(Student's name)

to attend RYLA on April 24th, April 25th and 26th, 2015 at Alpine Conference Center. I understand that I will be notified of the PICK-UP TIME and that it is the PARENT'S RESPONSIBILITY to deliver the student to the designated pick-up location. I also understand that it is the PARENT'S RESPONSIBILITY to meet the student at the pick-up location upon return and that I will be notified of the anticipated time and exact location. I also understand that it is the PARENT'S RESPONSIBILITY to have my student excused from school if applicable.

PARENT/GUARDIAN SIGNATURE _____

SECOND SIGNATURE _____

ADDRESS

CITY ZIP

TELEPHONE #

PLEASE RETURN THIS FORM TO THE SPONSORING ROTARY CLUB

No student may participate without a parental consent on file with Rotary.

NOTE: Rotary requires that minors in the legal custody (NOT physical custody) of either parents or more than one legal guardian, both or all shall sign this consent.

REGISTRATION FORM page 2 of 4 **STUDENT HEALTH HISTORY**

NOTE: This form **MUST** be completed by parent or guardian.

STUDENT:

Birth date:

Current Age:

PARENT OR GUARDIAN:

HOME ADDRESS:

BUSINESS ADDRESS:

HOME PHONE:

BUSINESS PHONE:

SECOND PARENT OR GUARDIAN:

HOME ADDRESS:

BUSINESS ADDRESS:

HOME PHONE:

BUSINESS PHONE:

If not available in an emergency, notify:

NAME:

RELATIONSHIP:

DAY PHONE:

EVE PHONE:

NAME:

RELATIONSHIP:

DAY PHONE:

EVE PHONE:

HEALTH HISTORY: (CHECK, GIVING APPROXIMATE DATES)

	YES	NO	DATES	DISEASES	YES	NO	DATES	<u>ALLERGIES</u>	YES	NO	IMMUNIZATIONS	YES	NO	DATES
Ear Infection	<input type="checkbox"/>	<input type="checkbox"/>		Mononucleosis	<input type="checkbox"/>	<input type="checkbox"/>		Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	MMR(Measles Mumps, Rubella),	<input type="checkbox"/>	<input type="checkbox"/>	
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>		Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>		Poison Ivy	<input type="checkbox"/>	<input type="checkbox"/>	DTP Series	<input type="checkbox"/>	<input type="checkbox"/>	
Heart Defects/ Diseases	<input type="checkbox"/>	<input type="checkbox"/>		Measles	<input type="checkbox"/>	<input type="checkbox"/>		Insect Stings	<input type="checkbox"/>	<input type="checkbox"/>	Polio OPV(Sabin)	<input type="checkbox"/>	<input type="checkbox"/>	
Convulsions	<input type="checkbox"/>	<input type="checkbox"/>		German Measles	<input type="checkbox"/>	<input type="checkbox"/>		Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>		Mumps	<input type="checkbox"/>	<input type="checkbox"/>		Other Drugs	<input type="checkbox"/>	<input type="checkbox"/>				
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>		Asthma	<input type="checkbox"/>	<input type="checkbox"/>		Others	<input type="checkbox"/>	<input type="checkbox"/>				
Sleepwalking	<input type="checkbox"/>	<input type="checkbox"/>		Bleeding & Clotting Disorder	<input type="checkbox"/>	<input type="checkbox"/>		NAME OF DRUGS:						
Bedwetting	<input type="checkbox"/>	<input type="checkbox"/>												

Operations or serious injuries (dates)

Disability or illness

Dietary modification (vegetarian, etc.)

Current medications

Name of Dentist/Orthodontist

Phone:

Name of Family Physician

Phone:

IMPORTANT: Please notify Rotary if this student was exposed to a communicable disease during 3 weeks prior to attending RYLA.

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me on this health form.

STUDENT'S NAME

EVENT: RYLA

ROTARY CLUB

EVENT DATE(S) April 24th, April 25th & 26th, 2015

ROTARY INTERNATIONAL DISTRICT 5280

AUTHORIZATION AND RELEASE FOR MEDICAL AND DENTAL TREATMENT

The undersigned, as the parent or parents, or legal guardian or legal guardians, of the above-named student, a minor (the "minor"), hereby authorize ROTARY INTERNATIONAL DISTRICT 5280 and its authorized directors and leaders (collectively "ROTARY") to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care (collectively "medical care") to be rendered to the minor under the general or special supervision and upon the advice of a physician or surgeon licensed under the laws of the State of California or other jurisdiction in which medical care is sought, and to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care (collectively "dental care") to be rendered to the minor by a dentist licensed under the laws of the State of California or other jurisdiction in which dental care is sought. For the purpose of medical care or dental care obtained in the State of California, this authorization is given pursuant to the provisions of Section 25.8 of the California Civil Code, as amended. For the purpose of medical care or dental care obtained outside of California, this authorization is given with the intent that any consent given pursuant to this authorization shall be the consent of each of the undersigned.

It is understood that if time and circumstances reasonably permit, Rotary International District 5280 will endeavor, but is not required, to communicate with at least one of the undersigned prior to the rendering of medical care or dental care for which consent is given pursuant to this authorization. The undersigned understand and agree that Rotary International District 5280 and its delegated leaders and directors shall not be legally or financially liable for any claim rising from any medical care or dental care provided pursuant to this authorization. The undersigned hereby agree to indemnify and hold Rotary International District 5280 harmless from any claim made by or on behalf of said minor arising out of any medical care or dental care provided pursuant to this authorization.

This authorization is given to Rotary International District 5280 for use in conjunction with any event operated by Rotary International District 5280, and shall be valid until revoked in writing by the undersigned or any of them.

Signed

Date

(Parent or Guardian)

We DO ☐ DO NOT ☐ Have family health/medical insurance coverage

Medical Insurance Company

Policy Number

Expires

,

20

STUDENT'S NAME: _____

ROTARY CLUB: _____

ROTARY INTERNATIONAL DISTRICT 5280
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to participate in any was in programs affiliated with (or for my child to participate) for any purpose, the undersigned for herself or himself and such participating child and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has inspected and carefully considered such program. It is further warranted that participation in the program constitutes an acknowledgment that such program has been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of participation by the undersigned and such child.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN ANY WAY IN SUCH PROGRAMS, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED ON HER OR HIS BEHALF AND ON BEHALF OF SUCH CHILD, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE Rotary International District 5280, its directors, officers, employees, and agents)hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury or death to the undersigned or such child, or property damage, whether caused by the negligence of the releasees or otherwise while engaged in any activity related to such program affiliated with Rotary International District 5280.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the participation of the undersigned or child of the undersigned whether caused by the negligence of the releasees or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or child of the undersigned due to negligence of releasee or otherwise while engaged in any activity related to such program affiliated with Rotary International District 5280.

4. THE UNDERSIGNED HEREBY ASSUMES FULL COST OF TRANSPORTATION CHARGES to the undersigned or child of the undersigned for reasons of health, accident or failure to conform to rules established. We agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses. This permission slip also serves as a contract that the student and parent(s) understand and agree to the guidelines. *(see what to/not bring list)*

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE, WAIVER AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

The rotary clubs are spending hundreds of dollars teaching your children leadership skills. If your child is signed up and cannot go, you must let us know before April 10, 2015. If you do not let us know before that date, you will be financially responsible to reimburse the rotary club that sponsored your child.

I HAVE READ THIS RELEASE

Dated _____	
Signature of Parent or Legal Guardian _____	
Parents E-Mail Address: _____	Print Name _____

Note: Please print out a copy of registration form, sign and return to your RYLA club representative.



Rotary Youth Leadership Assembly
April 24th, April 25th and 26th, 2015
Student / Counselor

What to bring list – Use as a checklist to ensure you have each item

- o WEATHER APPROPRIATE CLOTHING-CAMP CLOTHES- NOT NEW CLOTHES, WE ARE OUTDOORS A LOT!!!!
- o Sleeping bag or sheet with two blankets
- o Pillow
- o TOWEL
- o Warm jacket
- o Gloves
- o Tennis shoes
- o Extra pair of shoes
- o Comfortable clothes for athletics
- o Personal toiletries (toothbrush, toothpaste, soap, shampoo, towel, washcloth, deodorant, Hairbrush, etc.)
- o Sunscreen
- o Refillable Water bottle
- o Western attire for Friday night (jeans, boots, hat, scarves)
- o Props, costumes, musical instruments, tapes, CD's for Saturday night RYLA IDOL Talent Show (optional participation as performer)
- o Camera
- o **FLASHLIGHT!!!!** There are no streetlights and it gets darker than you might expect

*Look like a leader***Talk like a leader***Act like a leader***You are a Leader*

DO NOT BRING

Marking pens

Pocketknives or other sharp instruments (scissors, razor blades)

Flip flops – dirt/gravel roads only

**PROHIBITED ITEMS – YOU WILL BE SENT HOME AT YOUR PARENTS EXPENSE
IF YOU BRING THESE ITEMS TO RYLA**

Illegal drugs, drug paraphernalia or cigarettes

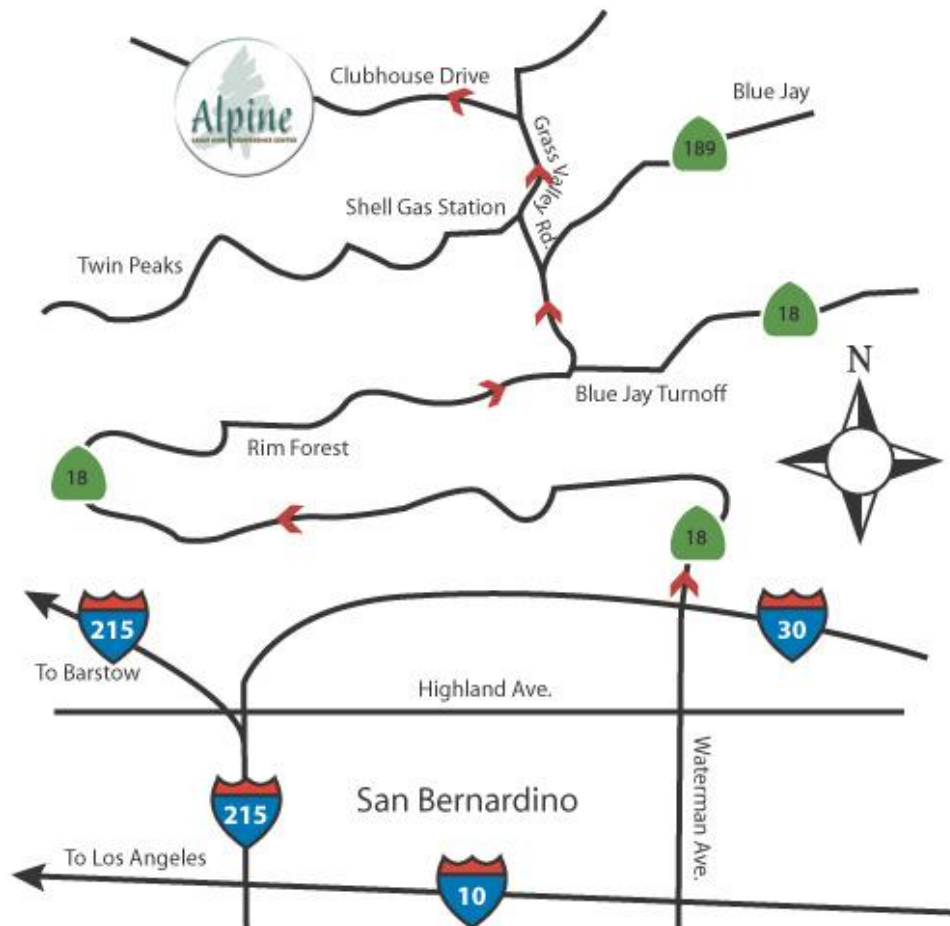
- **WE ARE NOT RESPONSIBLE FOR ANY OF YOUR BELONGINGS (INCLUDING CELL PHONES, I-PODS, ETC) AT ANY TIME.**

Directions to Alpine and Camp information

The telephone number at Alpine Conference Center is 909-337-6287

Directions to Alpine conference Center:

- From the 10 Fwy., go north on I-215 towards San Bernardino.
- Bear right at "Mt. Resorts" onto Hwy. 30, east.
- Exit at Waterman Ave. (Hwy. 18) and turn left (north) go up the mountain.
- Proceed on Hwy. 18 towards Lake Arrowhead.
- Continue 1/2 mile past the town of Rim Forest.
- Turn left onto Daley Cyn. Rd. at the "Blue Jay" turnoff sign.
- Turn left onto Hwy. 189 at the stop sign.
- Turn right onto Grass Valley Rd. at the Shell Station
- Bear left at the immediate intersection.
- Turn left onto Club House Dr. (3rd left).
- Registration is in the Redwood Lodge, the red building which is the second building on the left. Parking is available on both sides of the street.



Preliminary Agenda for RYLA Weekend

Time	Topic	Location	Misc. Information
<u>Friday April 24, 2015</u>			
6:30 am	Buses Start Rounds	Various	
10:30-10:45	Buses arrive at camp Registration begins	Cedar Lodge	Everyone Dist. Books/Pens
10:30-11:00	Find Assigned Cabins Name Badge Creations <i>Counselor Meeting</i>	Sports Court <i>Fireside room</i>	Students <i>All Counselors</i>
11:00-11:30	Opening Comments/Rules Staff Introductions	Chapel	Everyone
11:30-12:15	Lunch	Dining Room	Everyone
12:15-5:30	Team Confidence Building <i>Leadership Quest Begins</i>	Sports Court	Students/Staff
5:30-6:15	Dinner	Dining Hall	Students/Staff
6:15-6:35	Group Reflection	Chapel	Everyone
6:35-7:20	Revealing Secrets of a Magical Life	Chapel	Alan Rich
7:20-8:00	Jeami Duncan - Mercy's Village International	Chapel	Everyone Book and pen Needed
8:00-9:30	Western Line & Square Dancing	Sports Court	Everyone
9:30-10:00	Snacks and free time NO NOISE PERMITTED	Cedar Lodge	Everyone
	Free Time "Respect Local Residents"	Lodge	Everyone
10:00 pm	Everyone in assigned cabins You will be moved BACK!	Cabins	Everyone
<u>Saturday April 25, 2015</u>			
7:15-7:45	Optional – Nature walk or Yoga	Cedar Lodge	Andrew/Joe
8:00-8:45	Breakfast of Champions	Dining Room	Camp Staff
9:00 - 10:30	Team T-shirt Designing	Outside Dining Hall	Students Only
	<i>Counselor Meeting</i>	<i>Cedar Lodge</i>	<i>Counselors</i>
10:30 - 10:45	"Fast Break"	Campgrounds	Everyone

Time	Topic	Location	Misc. Information
10:45 -12:00	Communication “101”	Chapel	Everyone Dave Harris
12:00 - 12:25	Ethics	Chapel	Everyone Dave Harris
12:30 - 1:15	Lunch	Dining Hall	Everyone in TEAM T-SHIRTS
1:15 - 2:00	Olympics Parade	Sports Court/ Grass field	Everyone in TEAM T-SHIRTS
2:00 - 5:25	RYLA OLYMPICS	Campgrounds/ Grass Field	Everyone
5:30 - 6:15	“Four C’s” Dinner	Dining Room	Camp Staff
6:15 - 6:55	<i>FREE TIME- “RYLA IDOL”</i>	Practice-Practice-Practice	
7:00 - 8:30	Personality Profiles	Redwood Lodge	Joe Harding
8:45 -11:00	“RYLA’s Got Talent “ The Greatest Talent Show in the World-RYLA Style	Chapel	Hosted by Ryla Nick
11:00 pm	<i>Snacks</i>	<i>Chapel Patio</i>	<i>Warm clothing !!!!</i>
11:00 -11:59	The “Coolest Universe”	Fire Circle <i>Warm clothing !!!!</i>	ALL RYLarians
<u>Sunday April 26, 2015</u>			
7:00 – 7:30	Optional Motivational Wake UP	Lodge	Joe
7:30 - 8:00	Clean up camp, dorms, pack	Campgrounds	Everyone
8:00 - 8:30	Power Breakfast	Dining Room	Hospitality Staff
8:45 – 10:45	VISIONEERING	Chapel	Donn Cottom
10:45 -11:45	Alien Invasion	Chapel/Patio	Everyone
11:45 -12:45	Evaluations / Awards Closing Comments	Chapel	Everyone
12:50 -1:30	Farewell Lunch	Dining Room	GO RYLA!!!
1:15 – 1:30	Group Photo	Main Lodge	Everyone in shirts
2:00 pm	Buses Depart	Sports Court	

"RYLA's Got Talent" TALENT SHOW

- *Saturday Night*
- *Prizes awarded in these categories:*
 - *Singing*
 - *Lip - Sync*
 - *Dance*
 - *Drama*
 - *Comedy*
 - *Instrumental*
- *Individual and Group for all categories*
- *Be sure to bring your instruments, props and costumes!*
- *Bring your own Music, CD or iPod.*
- *Microphone, video projector also avail @ Camp*
- *Sign up at the conference*

Make your plans to enter now!!