

**District 7630 RYLA 2024 Delegate Packet**

**February 16 – 18, 2024 Ocean City, MD**

**Contents:**

**RYLA Facts and FAQs**

**Delegate Heath/Photo Release/Code of Conduct Form**

**RETURN PAGES 4-8 TO THE SPONSORING ROTARY CLUB BY DEC. 1**

**Please contact: Phil Reed, District RYLA Chair at** **gpreed52@hotmail.com** **or 443-521-0100 with your questions**



**Packing Meals at RYLA for Rise Up for Hunger**



February 16 – 18, 2024 Ocean City, MD

Facts and FAQs

**What is Rotary Youth Leadership Awards?**

The RI District 7630 RYLA is an intense leadership-training experience designed to recognize, encourage, and further the knowledge and skills of 11th grade high school students who have a demonstrated leadership potential and a heart for community service. District 7630 sponsored its first RYLA in 2013 with approximately 90 delegates. Delegates increased to 120 in 2014 and 130 in 2018.

**What is the Purpose of RYLA?**

***RYLA programs build the next generation of leaders***

**RYLA** Enables promising young leaders to encounter and analyze critical issues of professional and business ethics and to dembrace responsible citizenship;

* Confront and resolve critical social, cultural, economic, and environmental issues;
* Develop and refine leadership skills;
* Discover individual leadership styles, practice effective communication, team building, problem solving and instill a lifelong commitment to service,
* Become more acquainted with the business, and professional worlds;
* Meet and make new friends of different social and cultural backgrounds;
* Learn about Rotary and its many local and world-wide humanitarian service programs;
* Practice and use their leadership skills while in high school and as they prepare for the next steps after graduating; and
* Have a FUN learning experience.

**How Does RYLA Related to Rotary?**
+This major, worldwide, youth-related, vocational service program was officially adopted by Rotary in 1971.
+It provides a unique opportunity for Rotary clubs to establish a helping relationship with tomorrow's leaders.
+It is a concrete demonstration of Rotary's respect and concern for young people.
+It publicly recognizes and supports the young people who are rendering service to their peers, schools and communities.
+It offers an opportunity to introduce Rotary to tomorrow’s leaders.
+It introduces these young people to members of Rotaract and Interact.

**What Happens at RYLA?**
RYLA is an intense weekend of stimulating lectures, discussions, and hands-on learning experiences. The focus is on developing leadership skills and increasing awareness of critical public issues, community concerns, youth-related issues, and service/career opportunities. In addition, there are many supervised recreational and social activities designed to promote healthy interaction and FUN.

**How Is RYLA Staffed?**
All aspects of the program will be directed by Rotarians and assisted by Rotaractors (college studentsand other members of Rotoract or Rotary Clubs). Lectures by expert business leaders and professionals from Rotary and the community, as well as discussions, and interactive problem-solving groups enhance leadership skills.

**How Are Delegates Selected?**

Delegates are selected by their sponsoring Rotary Club. The process begins with the club’s RYLA Chair contacting the local high school(s) about the RYLA program. Preferably the applicant pool should be two or three times the number of qualified candidates the club will sponsor. **A committee of Rotarians will then interview and select the best-qualified candidates.** One or more alternates should also be selected to cover any last-minute cancellations.

**Delegate Selection Criteria**

**Grade:** Students should be 11th grade high school students. Senior and very mature sophomore Interact members will be considered but juniors are preferred.

**The following characteristics are used to select delegates**

**Interact members receive priority**

**Leadership Potential/Experience:** Candidate has demonstrated qualities that make him/her an effective leader. We are particularly interested in students who have identified leadership potential and a heart for community service but have had limited opportunities to lead.

**Academic Ability:** The student consistently maintains at least satisfactory academic performance.

**Extracurricular Activities/Work Experience:** The candidate has been involved in extracurricular activities.

**Questioning Thought:** The candidate thoughtfully considers things he/she reads or hears, and does not blindly accept what is presented.

**Articulation:** The candidate can clearly express his/her ideas both verbally and in writing.

**Ability to Relate with Peers:** The candidate works well with others.

**Receptive to New Experiences:** The candidate is receptive to new ideas and experiences.

**For more information, please contact:**

Phil Reed, District 7630 RYLA Chair- gpreed52@hotmail.com or 443-521-0100

For **more information** **about RYLA** see the following websites:

<http://www.rotary7630.org/> [www.rotary.org/RYLA](http://www.rotary.org/RYLA) and FaceBook @RYLA District 763



***District 7630 Rotary Youth Leadership Award (RYLA) Conference***

**Health – Photo Release - Code of Conduct**

 ***Rotary Club Sponsor*: February 16 – 18, 2024 Ocean City**

**SIGNATURES REQUIRED at the end of EACH SECTION of this FIVE-PART FORM**

**Section 1 – Health Form – *Please type or print clearly clearly***

RYLA Delegate’s Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What name would you like on your name tag? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age \_\_\_\_ Birth date \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ Gender: Male \_\_\_ Female\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone # \_\_\_\_\_ \_\_\_\_-\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_

Name of 2nd Parent/Guardian/Responsible Family Member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_

**HEALTH INSURANCE INFORMATION**

Policyholder’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to RYLA delegate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF HMO, Emergency Treatment Authorization Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Name and Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check yes or no to the following. (If yes, explain; attach an additional page if necessary).

**Yes No**

\_\_\_ \_\_\_ Recent surgeries or factures \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Chronic health problems (seizures, asthma, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Acute illness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Information Page 3**

**Health Information Page 2/3**

Please check yes or no to the following. (If yes, explain; attach an additional page if necessary).

**Yes No**

\_\_\_ \_\_\_ Recent treatment for medical problem (specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_ \_\_\_ Allergies to medication or local anesthetics \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_\_ Recent surgeries or factures \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Chronic health problems (seizures, asthma, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Acute illness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Allergies to food\_ (listed in Section 6)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Contacts, glasses or orthodontic appliances \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_ Immunizations are up-to-date

\_\_\_ \_\_\_\_Date of last tetanus shot: \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ \_\_\_COVID Shots and Booster (Not required, for emergencies only)

**Please list all allergies to medications** (food allergies are listed in Section 4)

**All Medications currently being taken: (use back if needed)**

**Name Dosage Frequency**

**Parents:** Please share with us anything about your child you feel could be helpful or necessary for us to know to improve his/her conference experience (For example: nervous stomach, motion sickness, nose bleeds, ear aches, sleepwalking, etc.)

Parents: Please list any conference activities in which your child may **not** participate: \_\_\_\_\_\_\_\_

**Health Information Page 3/3**

I understand my child may require medication for minor medical conditions including headaches, upset stomach, cuts and scrapes, etc. The following over-the-counter medications may be administered to my child, as needed, following suggested dosage guidelines provided by the manufacturer. **INITIAL BELOW ALL MEDICATIONS YOU GIVE PERMISSION FOR YOUR CHILD TO RECEIVE.**

**\_\_\_\_\_ Tylenol** for headaches, muscle aches and pains, cramps

\_\_\_\_\_ **Advil** for headaches, muscle aches and pains, cramps

\_\_\_\_\_ **Maalox, Mylanta** for upset stomach, stomachache, gas, nausea

\_\_\_\_\_ **Tums** for stomachache, upset stomach, nausea

\_\_\_\_\_ **Immodium** for diarrhea

\_\_\_\_\_ **Pepto-Bismol** for nausea, diarrhea

\_\_\_\_\_ **Milk of Magnesia** for constipation

\_\_\_\_\_ **Neosporin, Hydrogen Peroxide** for scrapes and cuts

\_\_\_\_\_ **Benadryl** (oral) for sinus, allergies, hay fever, rashes

\_\_\_\_\_ **Sore throat spray or lozenges**

\_\_\_\_\_ **Robitussin DM**

I understand any **PRESCRIPTION MEDICATION** brought to the conference **MUST** be in the original container from the pharmacy with the original label and directions attached (or a copy of the prescription from the doctor). All medications (both prescription and OTC) will be turned in at registration, kept securely, and made available as needed/requested.

**AUTHORIZATION FOR TREATMENT:** I hereby give permission to medical personnel to order X-rays, routine tests, treatment, and permission to release any record necessary for insurance purposes, and to provide and arrange necessary related transportation for my child listed above. If I cannot be reached in the event of any emergency, I hereby give my permission to the physician to secure and administer treatment including hospitalization for my child listed above. This complete form may be photocopied should my child need to leave the conference.

The health history I have provided for my child listed above is correct and complete to the best of my knowledge.

**PARENT/GUARDIAN SIGNATURE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE** \_\_\_\_\_\_\_\_\_

I have reviewed my health record and find it to be correct and complete to the best of my knowledge. I agree to provide all medications (prescription and OTC) at registration and will request medications as needed. I also agree to not participate in any activities my parent or guardian has listed on page 6 of this health form.

**DELEGATE SIGNATURE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE**\_\_\_\_\_\_\_\_\_

**Section 2 – Photo Release**

I authorize RYLA, Rotary District 7630 and/or Rotary International, to record and photograph my image and/or voice, for promotional purposes. I understand and agree that these audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast and/or reformatted in any form and manner without payment or fees, in perpetuity.

**DELEGATE SIGNATURE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE**\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DATE\_\_\_\_\_\_\_\_\_\_\_\_**

**Section 3 – Code of Conduct**

1. RYLA is an **alcohol-free, drug-free, tobacco-free** conference. There is a **Zero Tolerance Policy** in effect for possession of all illegal and prohibited items on the grounds, parking lots, and streets surrounding the Carousel Hotel property. The discovery of illegal items will automatically result in a call to the police and the parents of offender(s).

2. For the safety and privacy of all participants, delegates are prohibited from entering any sleeping room other than their own. Room assignments are made to maximize the opportunity for interaction with new fellow leaders and will not be changed.

3. Delegates will respect one another, the RYLA staff, guests, camp employees, and themselves with appropriate language, dressing properly (clothing with sexually suggestive, offensive or provocative messages are prohibited), being on time for scheduled activities, being quiet afterhours, and participating fully in all parts of the conference. **The use of electronic devices, including cell phones, music players, video games, etc. is prohibited during scheduled events.**

4. Do not bring valuables (expensive clothing and jewelry, electronics and computers, large amounts of cash, etc.) to the conference. Please report any missing items immediately to RYLA staff but understand the RYLA Staff, Rotary District 7630, Rotary International, and the Carousel Hotel staff will not be responsible for losses of personal property.

5. A delegate driving him/herself to the conference **must submit written parental permission prior to the conference** and surrender all vehicle keys at registration. Vehicle access is prohibited during the conference. Parental permission must be received prior to the conference for a delegate to ride with another delegate driving him/herself or transport others.

6. Delegates will be respectful of the Carousel Hotel property by obeying all posted instructions and directions. Repair costs for property damages will be billed to those responsible for the damages. The use of candles, incense, fireworks and anything else that could result in property damage is prohibited.

I have read and understand the **RYLA Code of Conduct** and agree to all conditions.

**DELEGATE SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_**

**PARENT/GUARDIAN SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE \_\_\_\_\_\_\_**

**Section 4 - Delegate Information**

**Delegate Full Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**High School:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade** \_\_\_\_\_

**Rotary Club Providing Scholarship:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you an Interact member?** Yes \_\_\_ No \_\_\_

If there is no Interact Club at your school, would you like to help start one? Yes\_\_ No\_\_

**Section 5 – T-Shirt, Food, Driving to/from Conference**

**RYLA T-SHIRT** Size: S\_\_\_ M\_\_\_ L\_\_\_ XL\_\_\_ 2XL\_\_\_

**Please list any FOOD ALLERGIES:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Meals**: All meals are served buffet style except Saturday Dinner.

**SATURDAY DINNER**: Entrée Choice: Chicken\_\_ -OR- Penne Abruzzi Primavera \_\_\_

**Special Meal Requests:** Vegetarian \_\_\_ Vegan \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DELEGATE DRIVING PERMISSION**

I give my child (listed above) permission to drive to RYLA and understand that the delegate agrees to have no access to his/her vehicle during the conference and will turn in vehicle keys at registration. I also agree to assume all responsibility for any injuries to my child and/or damage to the vehicle driving to or from RYLA.

I give permission for my child to transport another delegate(s): Yes \_\_\_ No \_\_\_

**PARENT/GUARDIAN SIGNATURE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DATE**\_\_\_\_\_\_\_\_\_\_

**RIDING WITH ANOTHER DELEGATE** (not required if riding with a delegate’s parents).

I give my permission for my child (listed above) to ride to RYLA will another delegate who is driving himself/herself. I agree to assume all responsibility for any injury incurred riding to or from RYLA with another delegate.

My child will be riding with delegate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DATE**\_\_\_\_\_\_\_\_\_\_

**RETURN THIS FORM TO YOUR ROTARY CLUB SPONSOR BY DECEMBER 1ST**