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**PHOTO**

**DISTRICT 9780 APPLICATION FORM FOR RYLA CAMP**

**SATURDAY 04/04/2020 – THURSDAY 09/04/2020**

**Sections A, B, C and D are to be completed by the applicant.**

**Sections E and F are to be completed by the sponsoring Rotary Club.**

**The sponsoring Rotary Club is to submit 2 copies of the application to the Registration Officer.**

**Applications will only be considered if ALL SECTIONS are completed in full.**

**PLEASE PRINT LEGIBLY**

**SECTION A (APPLICANT TO COMPLETE FULLY)**

1. **PHOTO**

 **Please Note:** A head and shoulder photo of the applicant, one that is the size of a passport photo, must be attached to the space above.

**2. PERSONAL DETAILS**

 **Surname:** ………………………………………………………….………….….…

 **Given Names:**  ………………………………………………………….………….….…

 **Preferred Name for Name Tag:** ………………………………………………………….………….….…

 **Gender (Optional):**  ………………………………………………………….………….….…

**Date of Birth:** …..….… / ….…..… / ….…..….

**Age at the start of the RYLA camp:** ……… **years** ……… **months**

**Please Note:** Applicant must be aged between 18 and 25 for the duration of the camp.

**Address:** ……………………………………………………………………………………

 ……………………………………………………………….**Postcode** ……

**Email:**……………………………………………………………………….………………..…..…

**Phone Number (Mobile)** ………………………………

 **(Home)** ………………………………

**. CURRENT STUDY**

**Nil Gap Year Part Time Full Time** (Please circle)

**Name of Institution:** ………………………………………………………………………………………………

**Course:** ……………………………………………………………………………………….…..…

**4. CURRENT EMPLOYMENT**

 **Nil Casual Part Time Full Time** (Please circle)

 **Employer/s:** …………………….…….……..……..….………………..….………….……..…….

 **Occupation/s:** …………………….…….……..……..….………………..….………….……..…….

 **Phone Number/s:** …………………….…….……..……..….………………..….………….……..…….

 **Email/s:** …………………….…….……..……..….………………..….………….……..…….

**5. COMMUNITY INVOLVEMENT (GROUPS, CLUBS, VOLUNTARY WORK)**

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**6. HOBBIES AND INTERESTS**

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**Do you play a musical instrument/s?** **Yes No** (Please circle)

**If ‘Yes”, which one/s?** ………………..….…………………………..….……

 **Please Note: Please bring it/them along to camp.** **Doing so will really enhance your group’s experience.**

**7. HEALTH DETAILS**

 **a. Allergies and associated medication**

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 **b. Physical health concerns or conditions as well as associated medication**

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 **c. Mental health concerns or conditions as well as associated medication**

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 **d. Do you have a doctor’s treatment/care plan for any of the above?** **Yes No**

 **Please Note:** If “Yes”, please attach details of your treatment/care plan to this application.

**8. DIETARY REQUIREMENTS**

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**9. AMBULANCE AND HEALTH COVER**

 **a. Do you have ambulance cover?** **Yes No**

 **Please Note:** In the event of an emergency, an ambulance may need to be called on your behalf.

 **b. Do you have private medical insurance?** **Yes No**

 **Please Note:** If “Yes”, what is the name of your health fund?

…………………………………………………………………………………………………………………….……

**10. EMERGENCY CONTACT**

 **Name:** ……………………………………………………………………………………….………

 **Relationship:** ……………………………………………………………………………………….………

 **Phone Numbers:** ……………………….….…… **(Home)** ……..………………….………… **(Mobile)**

**SECTION B (APPLICANT TO COMPLETE FULLY)**

**APPLICANT’S PRE-CAMP EXPECTATIONS**

**Applicant’s Name:** …………………………………………………………………………………………………………

**1. What are you expecting from this camp?**

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**2. What sort of things would be most helpful to you?**

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**3. What do you think you could offer/contribute to the camp?**

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**4. Why do you think the Rotary Club has sponsored your application for a Rotary Youth Leadership Award?**

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**SECTION C (APPLICANT TO COMPLETE FULLY)**

**1. RYLA T-SHIRT SIZE**

 **A t-shirt is included in the cost of the Camp Registration Fee paid by your sponsoring Rotary Club. Please Note:** Sizing is ‘generous’.

 **(**Please circle) **SMALL MEDIUM LARGE EXTRA LARGE**

**2. SURVEY**

 **Are you involved, or have you been involved, in any of the following?**

 **(**Please circle) **Rotary Member Interact Member**

 **Rotaract Member RYPEN Participant**

 **How did you hear about RYLA?**

 **(**Please circle) **Past RYLA Participant School/University**

 **Rotary Member Youth Organisation**

 **Rotaract Member Other** ……………………………………

…………………………………….………

**3. MEDIA**

**Applicants should note the possibility of photographs being taken and/or videos being made for RYLA promotion purposes. If you do not wish to be included in any such images, please notify a Camp Co-Director at the start of the camp.**

**4. REMINDER ABOUT LEAVE OR APPROVED ABSENCE FROM EMPLOYMENT/STUDY**

**If you are in paid employment/studying, please ensure you have discussed your application with your employer/course coordinator so that, should your application be successful, you will be able to take leave or approved absence from your work/study for the duration of the camp.**

**Please be aware that your Rotary Club contact person can be an advocate on your behalf.**

**5. PRIVACY**

**Rotary District 9780 respects your privacy. Personal information gathered as part of the application process is for the sole purpose of program planning and for your safety and wellbeing. It will be treated confidentially and stored securely.**

**SECTION D (APPLICANT TO COMPLETE FULLY)**

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**General Release and Indemnity for 2020 District 9780 RYLA Camp**

I , ………………………………………………………….…………………….…… (Applicant to insert their name)

of ………………………………………………………….…………………….…… (Applicant to insert home address)

in the State of ………………………………………….…………………….…… (Applicant to insert home state)

am aware and acknowledge that the RYLA Camp (Event) involves inherent risks, including the risk of injury to life or death and damage to property and in undertaking such activities, I do so at my own risk.

I am also aware that it is a condition of participation in the event that Rotary, its officers and employees, agents and volunteers are released by me from all liability howsoever arising from injury or damage to both property and person howsoever caused (whether fatal or otherwise) arising out of my participation in the Event whether or not such injury or damage is due to any negligent act, breach of duty, default and/or omission on the part of Rotary, its officers and employees, agents or volunteers.

I indemnify Rotary, its officers, and employees, agents and volunteers against all loss, damage and expenses (including legal costs on a solicitor and own client basis) arising out of, or in connection with, any claims, actions, proceedings or demands of any kind arising directly or indirectly as a consequence of my participation in the Event.

I acknowledge and agree that my participation in the Event is a consequence of my own free will and desire and that I have read and understood the above warning, release and indemnity.

I warrant that I am 18 years of age or older and am lawfully able to enter into this above release and indemnity.

**Signed:** ………………………………………….……………. **Dated:** ……..… / ……..… / 20 ……..…

**SECTION E (CLUB TO COMPLETE FULLY)**

1. **CONTACT DETAILS**

 **Name of Club:** ……………….……………………………..…………………………………….……..…

 **Contact Person:** ……………….……………………………..…………………………………….……..…

 **Email:** ………………………………………………………………………………………..……

 **Mobile:** ………………………………………………………………………………………..……

 **Postal Address** ………………………………………………………………………………………..……

 …………………………………………………………..… **Postcode** ………………

**2. COST**

 **Registration Fee** **$550 per applicant**

**3. PAYMENT OPTIONS**

 **Cheque** **On the back of the cheque, please write the name/s of your applicant/s.**

 **Please Note:** Email the cheque directly to RYLA Treasurer, Karen McCarthy.

 **Direct Deposit Please contact RYLA Treasurer, Derrick Marsden, for banking details.**

 **Treasurer@rotary9780.org**

  **Please Note:** Upon payment, email a copy of the bank receipt directly to RYLA Treasurer.

**4. DISTRICT 9780 RYLA CONTACTS**

 **Chair Rtn Ian McKay Phone: 0427 200 198**

 **Email:** **rotary@mckay.net.au**

 **Secretary Rtn Chris Kinley Phone: 0407 561 226**

 **Email:** **ckinley44@yahoo.com**

 **Treasurer Rtn Derrick Marsden Phone: 0487 3922 233**

 **Email:** **treasurer@ryla9780.com**

 **Registration Officer Rtn Sherril McKay Phone: 0407 038 332**

 **PO Box 578 Email:** **sherril@mckay.net.au**

 **Mount Gambier SA 5290**

**SECTION F (CLUB TO CHECK OFF EACH ITEM IN THE LIST)**

|  |  |  |
| --- | --- | --- |
| **1** | Prior to the interview/nomination process, the **Club selection panel** read through the **RYLA 2020 General Information** for clarification purposes. |  |
| **2** | Prior to the interview/nomination process, the **Club selection panel** read through all sections of the **Application Form**, particularly noting Section D, the General Release and Indemnity. Please direct any questions regarding this form to the Chair of our District RYLA Committee, Ian McKay.  |  |
| **3** | In the interview/nomination process, the **Club selection panel** impressed on the applicant that they need to immediately advise **employers/course coordinators** of their application and of the week-long committment involved. |  |
| **4** | In the interview/nomination process, the **Club selection panel** impressed on the applicant that they need to advise the Club ASAP if leave or leave-of-absence cannot be obtained.  |  |
| **5** | In the interview/nomination process, the **Club selection panel** raised the likelihood of a successful applicant receiving an **invitation to attend a Club meeting** to share their RYLA experience with Club members. |  |
| **6** | In the interview/nomination process, the **Club selection panel** ensured the applicant had access to a copy of the **RYLA 2020 General Information**. |  |
| **7** | The **Club contact person** has exchanged contact details (both email and phone) with the applicant. |  |
| **8** | The **Club contact person** is aware that they should **maintain regular contact** via email and/or phone with the Club’s nominee up to and following notification of acceptance through to the conclusion of their RYLA experience. |  |
| **9** | The **Club contact person** is aware that they are the young person’s the first port of call in regards to **emerging issues** that may impact on their nominee’s ability to attend the camp; for example, being an advocate in seeking leave from an employer/course coordinator. |  |
| **10** | The **Club contact person** is aware that they are the young person’s the first port of call should their nominee require **assistance with transport to and from the RYLA Camp in April, 2020** at Kangaroobie near Princetown in the Otway Ranges. |  |
| **11** | Prior to mailing 2 copies of the application to the Registration Officer, the **Club contact person** has checked that **Sections A, B, C and D** have been fully completed by the applicant.  |  |
| **12** | Prior to mailing 2 copies of the application to the Registration Officer, the **Club contact person** has checked that **Sections E and F** have been fully completed by the Club. |  |
| **13** | **If paying by cheque,** the **Club Treasurer** knows to write the name of the Club and the name/s of the applicant/s on the back of the cheque and mail it directly to the RYLA Treasurer. |  |
| **14** | **If paying by direct deposit,** the **Club Treasurer** knows to email a copy of the deposit receipt directly to the RYLA Treasurer. |  |
| **14** | **Two copies of a nominee’s application form** are to be mailed to the RYLA Registrations Officer. The Club should retain a copy of their nominee’s application for their Club records.  |  |
| **16** | The **Club** is aware that fees for **withdrawals 30 days or less prior to the camp starting date** are non-refundable. |  |