



**DISTRICT 9780
RYLA CAMP 2021 APPLICATION FORM
SUNDAY 26/09/2021 - FRIDAY 01/10/2021**

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SECTION A (CLUB YOUTH OFFICER TO COMPLETE)

1. CONTACT DETAILS

Name of Club:

Contact Person for Participant and RYLA Committee :

Email:

Mobile:

Please print your contact details **VERY** clearly to avoid any confusion.

SECTION B (APPLICANT TO COMPLETE)



1. PHOTO

A head and shoulder photo, one that is the size of a passport photo, is essential. It can be a passport photo or one taken on your phone and cropped to a similar size of a passport photo. It needs to be attached in the space above when you return this application form to the Rotary Club that is sponsoring you.

2. PERSONAL DETAILS

Surname:

Given Name:

Gender:

Date of Birth: / /

Age at the start of the RYLA camp: years months

Please Note: Successful applicants must be aged between 18 and 25 at the start of the camp.

Address:
..... Postcode

Email:

Mobile:

Please print your contact details **VERY** clearly to avoid any confusion.

3. EMERGENCY CONTACT

Name:

Relationship:

Mobile:

4. CURRENT STUDY

Nil

Name of Institution:

Course:

Gap Year Part Time Full Time (Please circle)

5. CURRENT EMPLOYMENT

Nil

Employer #1 Employer #2

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

Phone Number: Phone Number:

Email: Email:

Your job/role: Your job/role:

6. COMMUNITY INVOLVEMENT (CLUBS, GROUPS, VOLUNTARY WORK ETC.)

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7. HOBBIES AND INTERESTS

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8. HEALTH INFORMATION

a. Allergies and any associated medication

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b. Physical health concerns or conditions and any associated medication

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c. Mental health concerns or conditions and any 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.

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", with which health fund are you insured?

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10. DIETARY REQUIREMENTS

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SECTION C (APPLICANT TO COMPLETE)

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 sponsored your application for a Rotary Youth Leadership Award?

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SECTION D (APPLICANT TO COMPLETE)



General Release and Indemnity for 2021 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 (APPLICANT TO COMPLETE)

1. RYLA T-SHIRT SIZE

(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

Employer/Work Place

Rotaract Member

Club eg. Sports club

Other

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3. 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 to ensure that, should your application be successful, you will be able to take approved leave/leave of absence from your work/study for the duration of the camp.

Your Rotary Club contact person can advocate on your behalf.

4. NOTIFICATION OF SUCCESSFUL APPLICANTS

Should your application be successful, the District 9780 RYLA Committee will notify your sponsoring Rotary Club. The club's Youth Officer may contact you; however, you will personally receive official notification from the committee as well, together with information about the camp.

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 F (CLUB YOUTH OFFICER TO REFER TO AND RETAIN)

1. APPLICATION FORM

- Currency** Please check that the club has used the current application form with the correct start and finish dates of the upcoming camp at the head of the first page.
- Copies** Please mail **3 copies** of each application form to the Registration Officer.

2. COST

- Registration Fee** **\$550 per applicant**
Please Note:
This fee is non-refundable for withdrawals 30 days or less prior to the camp starting date.

3. PAYMENT OPTIONS

- Direct Deposit** **Contact the RYLA Treasurer for the RYLA bank account details.**
Please Note:
Email a copy of the bank receipt directly to the RYLA Treasurer.
- Cheque** **Mail the cheque to the RYLA Registration Officer together with 3 copies of your applicant's form.**
Please Note:
On the back of the cheque, please write the name of your club's applicant.

4. DISTRICT 9780 RYLA CONTACTS

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| Chair | Rtn Rachel Furnell | Phone: 0438 079 736
Email: rach.furnell@gmail.com |
| Secretary | Rtn Chris Kinley | Phone: 0407 561 226
Email: ckinley44@yahoo.com |
| Treasurer | Rtn Derrick Marsden | Phone: 0487 392 233
Email: sandek44@bigpond.com |
| Registration Officer | Rtn Sherril McKay
PO Box 578
Mount Gambier SA 5290 | Phone: 0407 038 332
Email: RYLA9780Registrations@outlook.com |