



APPLICATION FORM (SUNDAY 16/04/2023 - FRIDAY 21/04/2023)

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SECTION A (CLUB YOUTH OFFICER TO COMPLETE)

1. CONTACT DETAILS

Name of Club:

Contact Person for RYLA Committee and Nominee:

Email:

Mobile:

SECTION B (APPLICANT TO COMPLETE)



1. PHOTO

Please Note:

A head and shoulder photo is essential.

It can be a passport photo or one taken on a phone and printed to a similar size of a passport photo.

Please attach it in the space above before returning this application form to your sponsoring Rotary Club.

2. SPONSORING ROTARY CLUB

Rotary Club of

3. PERSONAL DETAILS

Last Name:

First Name:

Preferred Name:

Gender:

Date of Birth: / /

Age at the start of the RYLA seminar: years months

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

Address:

..... Postcode

Email:

Mobile:

Please Note: Print your contact details very clearly to ensure that future communication, including the outcome of your application, reaches you.

4. EMERGENCY CONTACT

Name:

Relationship:

Mobile:

5. CURRENT STUDY

Nil Gap Year Part Time Full Time (Please circle)

Name of Institution:

Course:

6. CURRENT EMPLOYMENT

Nil Part Time Full Time (Please circle)

Employer #1 Employer #2

Phone Number: Phone Number:

Email: Email:

Your position: Your position:

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7. COMMUNITY INVOLVEMENT (EG. CLUBS, GROUPS, VOLUNTARY WORK)

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8. HOBBIES AND INTERESTS

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9. HEALTH INFORMATION (PLEASE SEE PRIVACY SECTION ON PAGE 9)

a. Ambulance and health cover

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.

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

If "Yes", with which health fund are you insured?

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b. Anaphylaxis allergies **Yes** **No**

Please Note: If "Yes", please attach a copy of your ASCIA Action Plan for EpiPen.

Allergic to Reaction

Allergic to Reaction

Allergic to Reaction

c. Other allergies (non food related) **Yes** **No**

Allergic to Reaction

Allergic to Reaction

Allergic to Reaction

d. Physical Health Concerns/Conditions **Yes** **No**

Concern/Condition

Associated Medication

Concern/Condition

Associated Medication

e. Mental Health Concerns/Conditions **Yes** **No**

Concern/Condition

Associated Medication

Concern/Condition

Associated Medication

10. SPECIAL DIETARY REQUIREMENTS

Yes No

Please Note: Kangarooobie catering staff are trained in menu and meal preparation for individuals with a range of special dietary requirements. Please complete this form only if they need to be aware of any specific special dietary management details, not simply foods you don't particularly like.

a. Name of special diet (e.g. gluten free, lactose free, fructose free, coeliac, vegan, vegetarian)

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and/or

Food to be avoided (e.g. "can't have full cream milk but can have diary in cooked foods such as cakes, biscuits, cheese on spaghetti")

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b. Please circle if you avoid a particular food, but are able to have products (e.g. bread) labelled in the following ways

'may contain traces of nuts' 'may contain traces of dairy' 'may contain egg'

Other/s

c. Please circle reason for avoidance

severe allergy mild allergy intolerance

Other

d. Any other special dietary requirements not covered in the above sections.

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SECTION C (APPLICANT TO COMPLETE)

PRE-CAMP EXPECTATIONS

Applicant's Name:

1. What are you expecting from this camp?

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2. What 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 FORM (SUNDAY 16/04/2023 - FRIDAY 21/04/2023)

I, (Applicant to insert their names)

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)



COVID-19 VACCINATION DECLARATION (SUNDAY 16/04/2023 - FRIDAY 21/04/2023)

I, (Applicant to insert their names)
of (Applicant to insert home address)
in the state of (Applicant to insert home state)

understand that Rotary District 9780 requires all of its members as well as members of the public participating in a Rotary sponsored event and/or activity to be double vaccinated against COVID-19, and therefore the RYLA Committee requires the following information and evidence from the Leadership Team, participants and RYLA Committee members who will be participating and/or involved in facilitating the seminar.

A. Vaccination Status

Please circle which status is currently applicable to you:

1. Unvaccinated (without a 1st dose booking date)
2. Unvaccinated (with a 1st dose booking date)
3. Partially Vaccinated (1st dose of a COVID-19 vaccine received with a 2nd dose booking date).
- 4a. Fully Vaccinated (1st & 2nd doses of a COVID-19 vaccine received)
- 4b. Fully Vaccinated (1st & 2nd doses of a COVID-19 vaccine received + booster)

B. Evidence of Full Vaccinated Status

Participation in the RYLA seminar at Kangarooobie on the above dates is dependant on full vaccination status at least 2 weeks prior to the commencement date. Please note, that on arrival at Cobden (the mustering site for RYLA participants prior to embarking for Kangarooobie in convoy style) you will be required to show a member of the RYLA Committee evidence of that status.

Signed: **Dated:** / / 20

SECTION F (APPLICANT TO COMPLETE)

1. RYLA T-SHIRT SIZE

(Please circle)

S M L XL XXL

2. SURVEY

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

(Please circle any that apply)

Rotary Club Member

Defying the Drift

Rotaract Club Member

The Santos Science Experience

Interact Club Member

Science and Engineering Challenge (SEC)

RYPEN Participant

National Youth Science Forum (NYSF)

Rotary Adventure in Citizenship (RAIC)

b. How did you hear about RYLA?

(Please circle any that apply)

Past RYLA Participant

Family Member

Rotary Member

Friend

Rotaract Member

School/University

Social Media

Employer/Work Place

Club eg. sports club

Other

.....

SECTION G (APPLICANT PLEASE KEEP THIS PAGE)

1. REMINDER ABOUT LEAVE OR APPROVED ABSENCE FROM EMPLOYMENT/STUDY

If you are employed or studying, please ensure you have discussed your application with your employer and/or your course coordinator to ensure that, should your application be successful, you'll be able to take leave and/or approved leave of absence from your work and/or study for the duration of the RYLA seminar.

If you have any concerns before or after approaching your employer and/or your course coordinator, please speak with the Rotarian who facilitated your application. That person will be very willing to advocate on your behalf.

2. 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 will contact you. You will personally receive official notification from the RYLA Registration Officer as well, together with information about the RYLA seminar.

3. PRIVACY

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

SECTION H (CLUB YOUTH OFFICER PLEASE KEEP THIS PAGE)

1. APPLICATION FORM

Current form Please check that the club has used the current application form which has the start and finish dates of this year's upcoming seminar at the head of the first page.
NB:
Mail 3 copies of this application to the Registration Officer.

2. COST

Registration Fee \$550 per applicant
NB:
This fee is non-refundable for withdrawals 30 days or less prior to the seminar commencement date as the RYLA committee will have been billed.

3. PAYMENT OPTIONS BSB:

Direct Deposit RYLA bank account details:
Bendigo Bank BSB 633-000 Account 163588809
NB:
Email or text a photo of the bank receipt directly to the RYLA Treasurer.
To avoid any confusion, please include in your email or text your club's name as well as the name/s of the applicant/s being sponsored.

Cheque If paying by cheque, it can be mailed to the RYLA Registration Officer at the same time as the application form/s.
NB:
On the back of the cheque, please write the name/s of the applicant/s.

4. DISTRICT 9780 RYLA CONTACTS

Chair Rtn Chris Kinley Phone: 0407 561 226
Email: chriskinley44@gmail.com

Secretary TBA

Treasurer Rtn Derrick Marsden Phone: 0487 392 233
Email: sandek44@bigpond.com

Registration Officer Rtn Sherril McKay Phone: 0407 038 332
PO Box 578 Email: RYLA9780Registrations@outlook.com
Mount Gambier SA 5290