



RYLA

**District 5830
Rotary Youth Leadership Awards
Student Application**

Due by _____

Session 1:
February 7-9, 2025

Session 2:
February 21-23, 2025

RYLA (Rotary Leadership Youth Award) camp is a youth leadership camp for high school juniors hosted by Rotary District 5830. RYLA focuses on building 8 core leadership traits in students who attend from across NE Texas and SE Oklahoma.

Hosted at Clements Scout Ranch, in Athens, TX, RYLA is filled with activities from sunrise to well past sunset. Students work in teams to complete a variety of challenges that push them to think outside the box, stretch their imaginations, grow as individuals and a team, and recognize their own leadership abilities.

Please complete this application fully & accurately and return to your school administrator or local Rotarian, as instructed.

Name _____ **Preferred Name** _____

Email _____ **Cell Phone** _____

Address _____
(Street) (City) (State) (Zip Code)

Biological Sex M | F **DOB** ___/___/___ **High School** _____

Shirt Size S M L XL XXL XXXL

Parent/Guardian Name _____ **Relationship** _____

Cell Phone _____ **Email** _____

Answer the question "What traits do you admire in a leader? How do those traits inspire you to lead?"

Extracurricular Activities _____

Academic Accomplishments _____

Work Experience _____

For Club Use Only			
	Primary Choice	1st Alternate	2nd Alternate



RYLA

**District 5830
Rotary Youth Leadership Awards
Student Application**

Due by _____

Session 1:
February 7-9, 2025

Session 2:
February 21-23, 2025

As the parent/guardian of the camper referenced as part of this application, I understand and consent to the following:

1. I understand that the Rotary International District 5830 RYLA program can be a physically demanding program. I understand that the minor in my care will be expected to participate directly or indirectly in activities that may require walking over uneven terrain, balance, and being in close proximity to other RYLA participants. My student will be allowed to participate at the level at which they are comfortable, but I expect that my student will be able to participate fully in all camp activities.

a. Please note that, while some accommodations are possible, there are limitations to those accommodations.

Initial: _____

2. RYLA District 5830 may take pictures during the event. I consent to photos of the minor in my care being shared on social media, marketing materials, or other official RYLA or Rotary International District 5830 materials.

Initial: _____

3. I understand that the Rotary International District 5830 program adheres to Rotary International values and standards. This means that participants and volunteers represent a variety of backgrounds, beliefs, and identities. I understand that the minor in my care will be expected to respect the individuals participating in this program and may interact with individuals who differ from themselves.

Initial: _____

4. I understand that participating in activities such as a low and high ropes course that there are risks involved. RYLA, Rotary International, and the Boys Scouts of America will not be held responsible for any injuries sustained as a result of participating in the RYLA program.

Initial: _____

By signing below, I acknowledge that I have reviewed information on RYLA5830.com and approve that my child will be registered in Explorer Post 830 with the East Texas Area Council, BSA to allow participation on the COPE Course. I also understand that use of facilities owned by the Circle Ten Council, BSA involves a certain degree of risk that could result in injury or death. I hereby release and waive any and all claims that I may have against Rotary, RYLA 5830, the Circle Ten Council, East Texas Area Council, and the BSA and their employees, agents, representatives, or volunteers arising from use of their facilities. I agree to allow the camp medical personnel to dispense any non-prescription medication to my child, if necessary. In case of a medical emergency I understand every possible effort will be made to contact me, although in the event I cannot be reached, I hereby give my permission to the healthcare provider selected by the Camp Director to hospitalize, secure proper treatment, and/or order an injection, anesthesia, or surgery for my child whose name is listed above.

Student Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

For Club Use Only

Primary Choice	1st Alternate	2nd Alternate