

Participant Name: \_\_\_\_\_



## REGISTRATION FORM

*This application is to be filled out by a sponsoring Rotarian club representative, parents of the youth, and the youth between the ages of 15-19.*

### IMPORTANT NOTES:

- COMPLETED APPLICATIONS MUST BE RECEIVED BY **APRIL 30, 2019** TO BE CONSIDERED FOR ACCEPTANCE.
- COPY OF PARTICIPANT'S PASSPORT OR IDENTIFICATION CARD MUST ACCOMPANY THIS APPLICATION.
- RYLA IS OPEN ONLY TO STUDENTS AGES 15-19 NOMINATED BY THEIR LOCAL ROTARY CLUB
- ROTARY CLUBS ARE STRONGLY ENCOURAGED TO FINANCIALLY SPONSOR THEIR NOMINEES TO ATTEND THIS CONFERENCE.
- PLEASE PRINT OR TYPE CLEARLY IN ENGLISH
  
- The Sponsoring fee of \$360 must accompany this form for complete registration via credit/debit or PayPal on the website registration page: <https://events.epl.com/rylaukraine>
  
- **SPACE IS LIMITED**

*Successfully registered and paid applicants will receive further instructions to travel, packing, and event information in May 2019 via email.*

Applicant General Information			
First Name		Last Name	
Home Address			
City		Zip Code	
Cell Phone		Home Phone	
E-mail			
T-Shirt Size	___ S ___ M ___ L ___ XL	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	

Participant Name: \_\_\_\_\_

<b>Applicant General Information (Continued)</b>	
<b>Do you have any special dietary needs?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>If yes, please describe</b>	
<b>How old are you</b>	<input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19
<b>Have you attended RYLA before?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Are you a member of an Interact Club or Rotary Club?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>If "YES", which one?</b>	

<b>Parent/ Guardian Information</b>			
<b>First Name</b>		<b>Last Name</b>	
<b>Home Address</b>			
<b>City</b>		<b>Zip Code</b>	
<b>Cell Phone</b>		<b>Home Phone</b>	
<b>E-mail</b>			

**Applicants,**  
 The 2019 Rotary Youth Leadership Awards (RYLA) Program is a learning experience designed to challenge and help students develop or improve their leadership skills. Please write a short answer to each of the following questions.

**1. List the clubs and organizations you belong to.**

\_\_\_\_\_

\_\_\_\_\_

**2. What leadership positions have you held in any of the clubs or organizations you listed above (question #1)?**

**Club Name:**

**Leadership Position:**


Participant Name: \_\_\_\_\_

## The Following Pages Require Signature Approval:

### Parent/Guardian Approval:

The applicant whose name appears on page 1, has my permission to participate in the 2019 Rotary Youth Leadership Awards (RYLA) Program sponsored by Rotary International District 2232 on July 22-27, 2019 at the Hotel Lviv located in Lviv Ukraine.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name of Parent/Guardian)

\_\_\_\_\_  
(Emergency Contact Number)

### Local Rotary Club Approval:

The applicant whose name appears on page 1, has been nominated and received the approval by his/her local Rotary Club to participate in the 2019 Rotary Youth Leadership Awards (RYLA) Program sponsored by Rotary International District 2232 on July 22-27, 2019 at Hotel Lviv located in Lviv Ukraine.

\_\_\_\_\_  
(Signature of Rotary Club Representative)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Signature of Rotary Club Representative)

\_\_\_\_\_  
(Contact Number)

Participant Name: \_\_\_\_\_

## Rotary Youth Leadership Awards Statement of Expectations

**July 22-27, 2019**

In order for all RYLA participants to have a great time at the RYLA Conference, several rules have been established. The following is a list of the expectations that must be observed during the conference:

- Participants are required to attend and participate in all workshops, seminars and conference functions.
- Participants are expected to respect speakers and presenters; and will behave in a respectful manner during the conference.
  - Talking or text messaging on one's cell phone may be perceived as being disrespectful to speaker(s).
  - Cell phone use during the conference is restricted.
- Verbal and/or physical abuse or harassment will not be tolerated.
- Participants are responsible for knowing the conference emergency procedures.
- Participants are assigned to a team and are expected to participate with their team during specific sessions for the entire conference.
- Participants are guests of the Hotel Lviv therefore, they are expected to treat the facilities with respect and follow conference organizers' directions.
  - Participants are expected to ask their RYLA counselor, Rotarian, or campus staff when in doubt about the use of facilities.
- Participants are expected to respect and observe conference and facility rules.
- Participants are not allowed to leave the hotel property during the conference (Starting Monday, July 22 @ 1 p.m. until Saturday July 27 @ 1 p.m.) Unless specific permission has been given.
- Participants agree not to use alcohol, tobacco or drugs during or at the conference.
- Participants agree not to pull pranks or "horseplay" that might be injurious to others.
- Male participants are not allowed in female rooms at any time; female participants are not allowed in male rooms at any time.
- Participants are to stay in their respective rooms after "Lights Out" at 11pm each night until morning.
- Infraction of these rules as listed is subject to immediate expulsion, which will result in a collect telephone call to the parent/legal guardian with a possible request to come and pick-up the participant or the conference staff sending the participant home at the expense of the parent or legal guardian

I have read the above Expectations Statement and agree to abide by it during my weekend as a RYLA participant.

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Participant's Parent/Guardian**

\_\_\_\_\_  
**Date**

Participant Name: \_\_\_\_\_

**Rotary Youth Leadership Awards  
Photo Release Form  
July 22-27, 2019**

I hereby grant Rotary International, Rotary Clubs of District 2232, their Rotarian members, program personnel of Rotary youth programs (including but not limited to Interact, Rotaract, RYLA and Youth Exchange), volunteers, associates and designated representatives permission to use my likeness in and all publications, including web-sites, without payment or any other consideration.

I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Participant's Parent/Guardian**

\_\_\_\_\_  
**Date**

Participant Name: \_\_\_\_\_

**Ukraine Rotary Youth Leadership Awards  
July 22-27, 2019**

**WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT &  
MEDICAL RELEASE**

**Definitions**

“**Rotary**” means Rotary International, Rotary District 2232, all Rotary Clubs within Rotary District 2232, all of their trustees, directors, officers, employees, agents, all members of Rotary Clubs within District 2232, and anyone otherwise acting on behalf of or under the direction of Rotary International.

“**RYLA**” means the Rotary District 2232, 2019 Rotary Youth Leadership Awards event to be held in Lviv, Ukraine, scheduled for July 22 through 27, 2019.

“**RYLA Participant**” means (print participant’s name[s]) \_\_\_\_\_ who has applied to attend/will be attending RYLA, whether one or more.

**RELEASE**

By signing below, you acknowledge, admit and represent that:

1. You are the parent(s)/legal guardian(s) of the RYLA Ukraine 2019 Participant, and are competent, capable and authorized to execute this document;
2. You have medical insurance in place to cover any medical conditions and personal injuries suffered by the RYLA Ukraine 2019 Participant while attending RYLA or originating at RYLA;
3. You consent to the RYLA Ukraine 2019 Participant participating in all activities while attending RYLA, including but not limited to climbing, hiking, swimming, and all indoor and outdoor events and activities at RYLA;
4. You understand that all activities are optional and that the RYLA Ukraine 2019 Participant voluntarily applied to participate in the events and activities of RYLA;
5. You understand that the foregoing activities and all other events, hazards or exposures connected with RYLA and the indoor and/or outdoor activities, involve risk of harm and that accidents or illness can occur in places without medical facilities, physicians, or surgeons;
6. You are aware of the risks and damages inherent with the activities to take place at RYLA and knowingly and willingly assume the risk of injury to the RYLA Ukraine 2019 Participant;
7. You have provided Rotary with the RYLA Ukraine 2019 Participant’s physical conditions or medical problems that may need attention and all medications regularly used by the RYLA Participant, and the contact information of an emergency contact person. You understand that failure to disclose medical information/condition may result in dismissal from RYLA. In case of illness or medical emergency of the RYLA Ukraine 2019 Participant, Rotary, or Hotel Lviv will try to notify whoever you have listed as the emergency contact person. In the event there arises a medical emergency concerning the RYLA Ukraine 2019 Participant at a time where the emergency contact cannot be notified, you authorize Rotary to consent to any necessary x-ray examination, anesthetic, medical or surgical diagnosis, treatment or hospital care of the RYLA Participant;

Participant Name: \_\_\_\_\_

**8. You hereby consent and give permission to any attending physician to make such decisions and to perform such treatments, examinations and/or surgery upon the RYLA Participant that may, in their sole discretion, be necessary and proper under the circumstances, including giving directions to Rotary personnel to aid and administer first aid to the RYLA Participant until a physician, nurse, paramedic or other suitably trained person can attend to the RYLA Participant;**

9. You assume all risks, damages, or injuries, including death, that may be sustained or caused by the RYLA Ukraine 2019 Participant while at or originating from RYLA;

10. You have read this document, understand it, and sign it voluntarily not acting under any fraud, duress or coercion;

11. Rotary has the right to postpone, cancel or terminate RYLA at any time, for any reason, without prior notice and you are solely responsible for any costs and expenses resulting from such postponement, cancellation or termination;

12. This Release is performable in Lviv, Ukraine and shall be interpreted by and in accordance with the laws of the Lvivska Oblast in Ukraine;

13. This Release is binding on you, your heirs, guardians, officers, employees, agents, executors, administrators, personal representatives, and assigns;

14. IT IS YOUR EXPRESS INTENTION THAT YOU RELEASE, INDEMNIFY AND HOLD HARMLESS ROTARY FOR THE CONSEQUENCES OF ITS OWN NEGLIGENCE, GROSS NEGLIGENCE, INTENTIONAL TORT, BREACH OF WARRANTY, STRICT LIABILITY IN TORT, PRODUCT DEFECT, OR OTHER TORT LIABILITY, AND FOR VIOLATION OF ANY STATUTE, ORDINANCE, REGULATION, OR RULE AND REGARDLESS OF WHETHER SUCH CONDUCT WAS OR IS THE SOLE, CONCURRENT OR OTHER CAUSE OF THE ALLEGED OCCURRENCE, EVENT, INJURY, OR DAMAGE;

15. ROTARY HEREBY DISCLAIMS ALL WARRANTIES, EXPRESS AND IMPLIED INCLUDING WARRANTIES OF HABITABILITY, FITNESS FOR A PARTICULAR USE OR PURPOSE, THE CONDITION OF THE PREMISES WHERE RYLA IS BEING HELD, MERCHANTABILITY, ANY ENVIRONMENTAL, STRUCTURAL OR OTHER CONDITION OR HAZARD OF THE ABSENCE THEREOF, AND ALL OTHER EXPRESS OR IMPLIED WARRANTIES AND REPRESENTATIONS BY ROTARY WHATSOEVER;

THEREFORE,

A. YOU, JOINTLY AND SEVERALLY IF MORE THAN ONE, HEREBY FULLY AND FINALLY RELEASE AND DISCHARGE ROTARY FROM ANY DAMAGES YOU AND/OR THE RYLA PARTICIPANT OR ANYONE ELSE MAY SUSTAIN WHICH RESULT, DIRECTLY OR INDIRECTLY FROM RYLA OR ANY UNAUTHORIZED ACTIVITIES WHILE AT OR ORIGINATING AT RYLA; AND ANY AND ALL ACTIONS, CLAIMS, EXPENSES AND DAMAGES, OF WHATEVER KIND, WHICH MAY RESULT THEREFROM.

Participant Name: \_\_\_\_\_

- B. YOU FURTHER AGREE, JOINTLY AND SEVERALLY IF MORE THAN ONE, TO INDEMNIFY, FOREVER DEFEND AND HOLD HARMLESS, ROTARY FROM ANY AND ALL CLAIMS, CAUSES OF ACTION, EXPENSES, DAMAGES, HARM OR DESTRUCTION SUFFERED OR ACCRUED BY YOU, THE RYLA PARTICIPANT, YOUR OR THEIR INVITEES OR ANYONE ELSE, WHICH RESULT, DIRECTLY OR INDIRECTLY, FROM RYLA OR ANY UNAUTHORIZED ACTIVITIES WHILE AT OR ORIGINATING FROM RYLA, EVEN IF SAID CLAIMS, DAMAGES, EXPENSES, HARM OR DESTRUCTION ARE DUE PARTIALLY OR WHOLLY FROM THE NEGLIGENCE, GROSS NEGLIGENCE, OR INTENTIONAL ACTS OF ROTARY;
  
- C. SHOULD ROTARY BE REQUESTED TO ENFORCE THIS RELEASE, YOU AGREE JOINTLY AND SEVERALLY IF MORE THAN ONE, TO INDEMNIFY AND HOLD ROTARY HARMLESS FOR ALL ATTORNEY FEES AND COSTS, WAIVE TRIAL BY JURY AND AGREE TO VENUE EXCLUSIVELY IN LVIV, UKRAINE.

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Participant's Parent/Guardian**

\_\_\_\_\_  
**Date**



Participant Name: \_\_\_\_\_

**Rotary Youth Leadership Awards  
Medical Information  
July 22 - 27, 2019  
SECTION I – BASIC CONTACT INFORMATION**

Camper Name \_\_\_\_\_  
Parent/Guardian #1 Name \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home/Work Phone \_\_\_\_\_

Parent/Guardian #2  
Name \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home/Work Phone \_\_\_\_\_  
Additional Emergency Contact \_\_\_\_\_  
(In case we can't reach parents)  
Relationship: \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home/Work Phone \_\_\_\_\_

Family Physician Name \_\_\_\_\_ Phone \_\_\_\_\_  
Dentist/Orthodontist Name \_\_\_\_\_ Phone \_\_\_\_\_

**SECTION II – INSURANCE INFORMATION**

Is the applicant covered by family medical/hospital insurance? Yes No  
If yes, indicate Insurance Carrier \_\_\_\_\_  
Group # \_\_\_\_\_  
Policy # \_\_\_\_\_  
Policy Holder's Name \_\_\_\_\_ Relationship to  
participant \_\_\_\_\_

**SECTION III – MEDICATIONS**

Will attendee be taking medications while at the conference? Yes No

(Medications include prescription, over-the-counter, vitamins, inhalers, etc.)  
If the attendee will be taking medications while at the conference, we must secure parent/guardian consent for medication distribution and use. The medication can be self-administered or administered by Health Services Staff. Please list all (prescription and non-prescription). Include the medication name, prescribing physician, physicians' phone number, and the dosage instructions. Use an additional sheet if needed. When you check-in the conference, please have all medications (in their original packaging that identifies the prescribing physician (if prescription drug), the name of the medication, the dosage, and frequency of administration.

Participant Name: \_\_\_\_\_

\_\_\_\_\_ I want the medication or medical devices self-administered.

\_\_\_\_\_ I want the medication or medical device administered by the Health Services Staff. However, a limited amount of medication for life threatening conditions should be carried by my son/daughter/ward. (i.e. bee sting kits, inhaler)

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Take at what times \_\_\_\_\_

Reason for Taking \_\_\_\_\_

Prescribing Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Take at what times \_\_\_\_\_

Reason for Taking \_\_\_\_\_

Prescribing Physician \_\_\_\_\_ Phone \_\_\_\_\_

### **SECTION IV – ALLERGIES**

- This participant does not have any allergies or This participant is allergic to
1.  Hay Fever 2.  Poison Ivy/Oak 3.  Insect Stings 4.  Food 5.  Penicillin 6.
- Other Drugs

If other or food please list the allergy. Describe reaction and treatment

---

---

### **SECTION V – IMMUNIZATIONS**

Please record the month and year of immunizations. If you do not know the dates or whether the participant has had certain immunizations, simply leave blank.

DPT (Diphtheria, Pertussis, Tetanus) \_\_\_\_\_

HIB (Haemophilus Influenza B) \_\_\_\_\_

Tetanus Booster \_\_\_\_\_

Tuberculin Test \_\_\_\_\_

Polio \_\_\_\_\_

Varicella (Chicken Pox) \_\_\_\_\_

MMR (Measles, Mumps, Rubella) \_\_\_\_\_

Hepatitis B \_\_\_\_\_

### **SECTION VI – HEALTH HISTORY**

Participant Name: \_\_\_\_\_

**Please know that we value your privacy. Health History information is available only to the conference health staff. The more information you provide, the better we can do our job. Thanks!**

**Does the participant have a history of or is prone to any of the following (Please check all that apply).**

- 1. Recent injury, illness or infectious disease
- 2. Chronic or recurring illness
- 3. Asthma
- 4. Homesickness
- 5. Frequent Ear Infections
- 6. Seizure Disorder or Convulsions
- 7. Dizziness during or after exercise
- 8. Chest pain during or after exercise
- 9. Heart Defect/Disease
- 10. Hypertension
- 11. Bleeding/Clotting Disorders
- 12. Diabetes
- 13. Mononucleosis (in last 12months)
- 14. Chicken Pox
- 15. Measles
- 16. German Measles
- 17. Mumps
- 18. Tuberculosis
- 19. Hepatitis
- 20. Joint problems)
- 21. Fractures
- 22. Frequent Headaches
- 23. Head Injury
- 24. Eating Disorder
- 25. Diarrhea or constipation
- 26. Frequent Stomachaches
- 27. Wears glasses or contacts
- 28. Been Hospitalized

**Please list the numbers selected and provide an explanation for each checked item.**

---

---

---

**Date of Last Physical Exam (Recommended within 24 months of the conference)**

---

---

Participant Name: \_\_\_\_\_

## **SECTION VII – AUTHORIZATION**

**My child has permission to engage in all prescribed conference activities. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations which should be known to the conference staff and medical personnel. I am aware of and accept the risk inherent in the program activity. I give consent in advance for medical treatment at an appropriate facility**

\_\_\_\_\_  
**Signature of Participant's Parent/Guardian**

\_\_\_\_\_  
**Date**

Participant Name: \_\_\_\_\_

## Terms and Conditions

The nominating Rotarian Club understands that it is their responsibility to cover the cost of the conference cost of \$360 USD as well as secure transportation to and from Lviv for their participant. This registration form is not complete until all required signatures have been collected and conference fee paid.

A 2019 RYLA Ukraine Conference representative will review your registration and contact you regarding your attendance at the 2019 RYLA Conference. If you have any questions, you may contact the District 2232 RYLA Conference Representatives whose names and phone numbers appear below:

**Ukraine:**  
Shannon Carter,  
+380731421810  
rylaukraine@gmail.com

**USA:**  
Andrew Lenec,  
845-797-7286  
alenec@optonline.net

### FOR SPONSORING ROTARY CLUB ONLY:

If you are approving this Students' application. Please complete below.

\_\_\_\_\_  
(Signature of Club President or Designee) (Date)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Rotary Club Name & Number)

### INSTRUCTIONS:

All international applications are be uploaded through the registration website or can be emailed to the RYLA conference committee: [rylaukraine@gmail.com](mailto:rylaukraine@gmail.com). *Payment of event fee and event healthcare insurance must be paid through online registration.*

**This Application is not complete until all documents are signed, returned, and accompanied with the \$360 fee by credit/debit or PayPal through the registration website: <https://events.eply.com/rylaukraine>**

Deadline for application and fee: **April 30, 2019**