

# Rotary District 7490

## 2013 RYLA Representative Handbook



INDIAN HEAD CAMP  
Honesdale, PA

**Sunday, May 19 to Friday, May 24, 2013**

**Key Deadlines:**

**RYLA Reservation Form with Candidate Fee: A.S.A.P.  
(First come, first serve)**

**All Other Candidate Forms: NO LATER THAN MAY 1**

**Due to contractual obligations to Indian Head Camp, payments and/or candidate forms received after May 1<sup>st</sup> may result in the inability for a candidate to attend.**

**Candidates must be High School Juniors.**

**NO student who turns 18 yrs of age prior to  
May 25th, 2013  
will be permitted to attend the program.**

# RYLEA Review

## **What Is RYLEA?**

RYLEA stands for Rotary Youth Leadership Award, a program sponsored by your local Rotary Club for students entering their senior year of high school in September. RYLEA participants attend an all expense paid, six day workshop, focusing on leadership, team-building and professional development topics. They join other talented young people selected by the Rotary Clubs of District 7490, in northern New Jersey.

## **The Objects of RYLEA**

- To demonstrate Rotary's respect and concern for youth.
- To publicly recognize and nurture the high qualities of the many young people who are rendering service to their communities as youth leaders.
- To stimulate and cultivate the leadership potential in youth.
- To provide meaningful leadership training experience for youth, through programs such as sports, group discussion, guest speakers, and career guidance.

## **Conference Capsule**

Sunday, May 19 through Friday, May 24, 2013

Indian Head Camp, Honesdale, PA ([www.indianhead.com](http://www.indianhead.com))

\$525 per Participant (Paid by Sponsoring Rotary Club)

For Students Entering their Senior Year of High School In September 2013.

**(Students CANNOT be 18 years of age on or before May 25<sup>th</sup>, 2013).**

# RYLEA Representative Checklist

Are you a little confused about your RYLEA responsibilities? Relax, here's a rundown of dates, dollars and duties necessary to get RYLEA 2013 off and running.

## Winter

I. Confirm with your participating High Schools the date and location of this year's RYLEA conference:

- Sunday, May 19 through Friday, May 24, 2013.
- Indian Head Camp – Honesdale, PA

II. After receiving your "**RYLEA Representative Handbook**", DO the following immediately:

**1. Write your Rotary Club name on the following 3 forms:**

"RYLA Conference Reservation Form"

"RYLA 7490/Indian Head Camp Student Participatory Contract and Consent Form"

"RYLA 7490 Candidate Information Form"

2. Make multiple copies of all forms for distribution to schools and potential RYLEA candidates

III. Guaranteeing Your Candidate's Place at the Conference

1. Fill out your RYLEA Conference Reservation Form after confirming with your club the number of students it will sponsor.
2. Have your club treasurer write the check for the conference (\$525 per student). Sorry, no partial payments accepted.
3. Now that you have the check in hand, send it and the reservation form **A.S.A.P.** to:

**Dr. Greg Liss**

**PO Box 200**

**Little Falls, NJ 07424**

**(973) 237-1444**

**scubaliss@gmail.com**

IV. Recruit Your High School Junior Applicants Early

- Different clubs have different criteria and techniques for selecting candidates. Refer to enclosed "RYLA Guidelines for Selecting Conferees".
- Once selected, confirm with the student's school administration of your selection.
- Make sure all selected candidates receive a copy of the "**RYLEA Candidates Handbook**".

## **Late Winter-Early Spring**

- V. Have **accepted** RYLA candidate students and legal guardians fill out the **"RYLA 7490/Indian Head Camp Student Participatory Contract and Consent"**, **"RYLA 7490 Candidate Information Form" (with photo)**, and **"Candidate Health Information Form" (3 Forms)** and return **A.S.A.P. to YOU** for review and then immediately forward to:

**SHARON WEISS  
159 SECOND STREET – UNIT 1203  
JERSEY CITY, NJ 07302  
C: (201)424-5209  
sweisslm@aol.com**

It is your responsibility to see that all information is completed. Any omissions on the forms will result in the forms being returned to you for completion. No candidates will be permitted without **three signed consent &/or informational forms. (Make sure photo is attached)**

**Medical Insurance and policy information must be completed fully or will be returned! Please note: we accept students who do not have medical coverage, however, we require that 'lack of insurance' be noted on the form.**

Candidate acceptance letters with RYLA details **can not** be sent until all information is received. **Late submittal of documents delays getting important information to the candidate & his/her family & puts additional pressure on the Club RYLA Rep.**

- VI. The most rewarding part of the RYLA week is the celebration held on Friday, May 24, 2013 at 6:30PM. We hope that you and other members of your club can attend and witness the culmination of a great week. This is an opportunity to hear immediate feedback from your students and to realize the great value of your Club's sponsorship.

The celebration will be held in the auditorium of

**Paramus High School  
99 E. Century Rd Paramus, NJ**

**VII. Rotary Youth Protection Policy** – It is your responsibility to familiarize yourself with the District’s Rotary Youth Protection Policy. The policy is available on the District’s website, [www.rotarydistrict7490.org](http://www.rotarydistrict7490.org) , by clicking on “Youth Protection” under Programs. Rotarians or other non-Rotarian volunteers transporting RYLA students or otherwise having unsupervised one-on-one contact with participating youth are required to receive a criminal background check. The forms and rules and procedures to obtain same are on the website. In addition, such persons, as well as, those directly involved in the RYLA program, including selection, should be trained. A slideshow and quiz are also available on the website. Questions may be directed to PDG William Rupp, Rotary District 7490 Youth Protection Officer by email [william.rupp@FTHGLAW.com](mailto:william.rupp@FTHGLAW.com) or by telephone (Office) [\(201\) 489-8787](tel:(201)489-8787), (cell) [\(201\) 394-0312](tel:(201)394-0312)

## RYLEA Candidate Selection Guidelines

1. The high school should present your Rotary Club with two or three times the number of qualified candidates you plan to select. Your Committee should then interview and choose the most qualified students to represent that school and your Club.
2. The students your Club selects to be its representatives MUST be high school students who will enter their senior year in September. He/she cannot be 18 years of age before the end of the conference.
3. The following considerations are offered as *possible* criteria to be used in your selection process:
  - Leadership Potential - Those qualities which might make him/her an effective leader.
  - Leadership Experience - Has the student had opportunities to practice leadership skills in real life situations? (Look for officers of school organizations, class officers, athletic team captains, and extracurricular leadership experience such as Scouts, Church Groups, etc.)
  - Academic Ability - Academic performance in school.
  - Extracurricular Activities - Emphasize quality of involvement rather than quantity. Has he/she participated in any community activities? Does he/she have a job after school, evenings, or weekends?
  - Ability to Question - Does the student think about things that he/she reads or hears, or does he/she accept things blindly?
  - Articulation - Is the candidate capable of expressing thoughts and feelings accurately, clearly, and effectively.
  - Ability to Relate with Peers - How easily does the candidate get along with others?
  - Openness to the Conference Experience - Will the candidate be open and adaptive enough to embrace the philosophy of the RYLEA Conference (significant peer interaction).
4. Your Club would be very wise to select multiple "Alternate Candidates" who will be prepared to attend the Conference in the event that any of your primary candidates could not attend. Last minute cancellations and the problems that they cause could be eliminated with the selection of pre-qualified Alternates.
5. We are looking for interested, sincere, well-rounded potential leaders. The selection of good Conference participants by Rotarians is the critical element in the success of the RYLEA Program.

# RYLEA Conference Reservation Form

\_\_\_\_\_  
**NAME OF ROTARY CLUB**

We wish to reserve space for \_\_\_\_\_ students at the District 7490 Rotary Youth Leadership Award Conference to be held at Indian Head Camp Center from May 19 to May 24, 2013.

We are enclosing a check in the amount of \$\_\_\_\_\_, payable to "**RYLA - District 7490**", to cover the Conference fee of \$525 per participant. We understand that in the event a student cannot attend due to illness or for emergency reasons and a replacement cannot be found, refunds will be made at the discretion of the District 7490 RYLEA Committee, provided the District RYLEA Chairperson is notified no later than May 1, 2013.

**RYLA CLUB REPRESENTATIVE**

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP CODE

\_\_\_\_\_  
REP EMAIL ADDRESS

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
CELL HOME BUSINESS FAX

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF CLUB PRESIDENT OR RYLEA REP.

Return this form A.S.A.P. with your Club's check to:

**Dr. Gregory Liss**  
**PO Box 200**  
**Little Falls, NJ 07424**  
H: (973) 237-1444  
O: (973)256-5001  
scubaliss@gmail.com

# RYLEA 7490/Indian Head Camp Student Participatory Contract and Consent Form

Sponsoring Rotary Club \_\_\_\_\_

The success of the Rotary District 7490 Rotary Youth Leadership Award (RYLA) program is contingent upon each and every participant starting and completing the program at the same times. While the RYLA Committee and Program Facilitators will make few and minor exceptions for late arrivals and early departures, (no later than 5:00 PM Sunday and no earlier than 8:00 AM Friday), this is highly discouraged. Your sponsoring Rotary Club has paid a significant fee for your full week participation. The integrity and effectiveness of the program is diminished for ALL students when a few break the continuity of events.

I, \_\_\_\_\_ (the RYLA participant), agree to the following:

- 1) I will start the RYLA program on Sunday, May 19, 2013, and be at Paramus High School at 8:00 AM for bus departure, (barring extenuating circumstances to be approved by the RYLA Committee in advance).
- 2) I will complete the RYLA program, leaving no earlier than Friday, May 24, 2013 at 8:00 AM (again, to be approved by the RYLA Committee in advance).
- 3) I will remain at the program for its full duration, from May 19 to May 24, with no interim departures.
- 4) If I do not arrive or leave at the designated arrival/departure times I am responsible for providing my own transportation.
- 5) I certify that the above named participant WILL NOT be 18 years old or older by May 25, 2013.
- 6) I take full responsibility for any valuables that are taken to camp.

This form is to be signed by the participating student and their parent/legal guardian.

**Student Signature** \_\_\_\_\_

**Parent/Legal Guardian Signature** \_\_\_\_\_

## **\*Note: 3 signatures required below\***

### **Authorization to Consent to Treatment of Minor Temporarily Separated from His/Her Parents**

I, the undersigned, parent or legal guardian of (child's name) \_\_\_\_\_, a minor, do voluntarily consent to said minor's participation in all activities of the Rotary Youth Leadership Award conference to be held at Indian Head Camp on May 19 –May 24, 2013. I assume responsibility for any medical or treatment fees or costs incurred directly or indirectly because of said minor's participation. The RYLA volunteers are not responsible for seeing that candidates take prescribed medications. I also authorize the representative(s) of Rotary International to arrange for professional care and treatment in case of medical emergency. I hereby give my permission to the physician selected by the Rotarian(s) to hospitalize, secure professional treatment for and/or to order injections, anesthesia and/or surgery for the minor named above. I also authorize the representative(s) of Rotary International to administer non-prescription (also known as over-the-counter) medications for minor ailments unless otherwise noted on the back of this form. This authorization shall remain effective until May 25<sup>th</sup>, 2013 unless sooner revoked in writing by the RYLA advisor.

**Parent/Legal Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### **Student Waiver of Liability**

I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my dependent children which might arise directly or indirectly as a result of, and or participation in the RYLA/Indian Head Camp program. I hereby expressly release, discharge and hold harmless from any liability whatsoever the Indian Head Camp and all employees and volunteers in their capacities as representatives of the Camp. I hereby expressly release, discharge and hold harmless from any liability whatsoever the RYLA Staff, Rotarians and other volunteers in their capacities as representatives of the RYLA program. Except for injuries caused intentionally, or by willful misconduct, I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same is binding not only of me, but my heirs, administrators, executors, successors and assigns.

**Parent/Legal Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

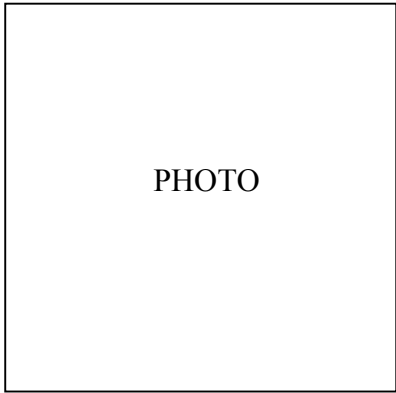
### **Student Model and Statement Release**

I grant Rotary permission to use the above named minor for educational and promotional purposes. In addition, Rotary may contact the named minor regarding other Rotary programs including, but not limited to Interact, Rotaract, charity service events and scholarship opportunities. The above named minor's name, photograph, address, phone number and e-mail address may appear in the RYLA Weekbook and website and be dispersed to all RYLA candidates. Rotary is not responsible for any posts, written, audio, photographic, or video that may appear on social networking websites such as MySpace and Facebook or any other similar websites. The RYLA committee maintains an optional email list for all program alumni. I understand that any other cyberspace presentations are not sanctioned and not managed by RYLA 7490. Periodically, Indian Head Camp uses photos and statements made by participants in the Indian Head Camp program for newsletters, fund raising efforts, brochures and articles about Indian Head Camp. All photos and statements are used with reasonable judgment for purposes directly relating to the operations of Indian Head Camp. This signed form gives RYLA and Indian Head Camp permission by the signer to utilize participant photos or statements for the purposes mentioned above.

**Parent/Legal Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



# RYLA Candidate Information Form



PHOTO

Name of Sponsoring Rotary Club \_\_\_\_\_

(Please print)

Student Name \_\_\_\_\_ (please indicate) Male/Female Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ High School \_\_\_\_\_

Student's E-mail Address \_\_\_\_\_

***ALL APPLICATIONS MUST BE ACCOMPANIED BY A CURRENT PICTURE/HEAD-SHOT OF THE STUDENT - NO EXCEPTIONS WILL BE MADE!***

Interests

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Clubs & Activities

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Leadership Experiences

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Musical Instruments \_\_\_\_\_ Interested in performing? \_\_\_\_\_

Any special talents you'd bring to the conference?

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What vocations or professions are you considering?

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Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Rotary Youth Leadership Award District 7490**  
**Student Health Information**  
**May 20 – May 25, 2013**



**Candidate Health Information**

Student Last Name _____		First Name _____	
Parent/Guardian's Name _____			
Parent Phone Number:			
(home) _____	(work) _____	(cell) _____	
Home Address _____			
Family Physician _____		Phone _____	
Insurance Company _____		ID# _____	
<b>In an emergency, if unable to reach parent, contact:</b>			
Name _____		Phone _____	
Name _____		Phone _____	

**Health History: (please check all that apply and explain):**

<input type="checkbox"/> Asthma	<input type="checkbox"/> Glasses/contact lenses	<input type="checkbox"/> Heart disease/defect
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Eating disorders	<input type="checkbox"/> Nose bleeds
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Respiratory disorder	<input type="checkbox"/> Ear infections
<input type="checkbox"/> Seizure disorder	<input type="checkbox"/> Sleep walking	<input type="checkbox"/> Chicken Pox
<input type="checkbox"/> Headaches	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Other

**Comments:** \_\_\_\_\_  
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**Any known allergies (Food or Drug):** \_\_\_\_\_  
 \_\_\_\_\_

**Diet Restrictions** \_\_\_\_\_  
 \_\_\_\_\_

**Date of Last Tetanus Shot** \_\_\_\_\_