RYLA Delegate Application
ROTARY YOURH LEADERSHIP AWARD CONFERENCE
ROTARY INTERNATIONAL DISTRICT 7720
Eastern 4-H Environmental Education Conference Center, Columbia, NC

April 26 – 28, 2019

Name: Last_____ First_____ MI____ Name for Badge_____

Mailing Address:_____

City_____State_____ Zip_____

Contact Email:_____ Male_____Female_____

Student Telephone:_____ Parent/Home Phone_____

Full Name of High School:_____

School Activities:_____

Organizations (not school related) in which you are active:_____

Parent/Guardian Name(s):_____

Emergency Contact #1:_____

Day Telephone:_____ Evening Telephone:_____

Emergency Contact #2:_____

Day Telephone:_____ Evening Telephone:_____

COMPLETE THIS FORM (2 pages), attach a photograph of yourself, 4-H Participation Health History form (2 pages), and 4-H Program Participation Agreement (1 page), a copy of your health insurance card and return to your Guidance Counselor or sponsoring Rotary Club contact.

Tee Shirt Size:_____

Delegates: Be sure to retain contact information for your sponsoring Rotary Club. All RYLA information is available at RotaryDistrict7720.org.

Sponsoring Rotary Club:_____ Rotary Contact:_____

Rotary Contact Telephone:_____ Email:_____

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STANDARDS OF CONDUCT
All delegates are expected to adhere to certain Standards of Conduct while attending the Conference. If a delegate is found to be in violation of the following standards, his/her parents will be notified and the delegate may expect to return home immediately, at the parent's expense.
1. Possession or use of illegal drugs or alcoholic beverages
2. Theft, misuse or abuse of public or personal property
3. Sexual misconduct
4. Possession of weapons or firearms
5. Unauthorized absence from the premises of the event
6. Visitation in sleeping rooms occupied by delegates of the opposite sex
7. Concealing or refusing to surrender a cellular phone (cell phones are not permitted during the conference)
8. Other disruptive activities: Curfew violations, failure to participate in activities of the weekend, unauthorized use of vehicles, inviting non-delegates to visit, and disturbing the peace, as a few examples.

Realizing these guidelines are not "all inclusive," the RYLA Committee reserves the right to make adjustments to these policies. Exercising good judgement will prevent occurrences which are not within the best interest of delegates to the Conference.

Delegates must attend the full Conference. Missing sessions on Friday or leaving early diminishes the delegate's experience and is not permitted.

MEDICAL RELEASE
My son/daughter has my permission to participate in the District 7720 Rotary Youth Leadership Award Conference to be held April 26 to 28, 2019. I authorize any one of the responsible adults to secure any necessary medical care for said person, including emergency surgery. I realize every effort will be made to contact Parents/identified Emergency Contacts should medical treatment become necessary. I release and discharge the sponsoring group and adults from all liability whatever respecting any injuries and/or damages sustained by my son/daughter during the RYLA Conference. **Attached is a copy of both sides of insurance card. If uninsured, check here_____**

PHOTOGRAPHY RELEASE
I grant Rotary District 7720 RYLA volunteers, staff, and partners, the right to take photographs of me or, if applicable, my minor child in connection with 2019 RYLA Conference to be held April 26 to 28, 2019. I authorize Rotary District 7720, its assigns and transferees to use and/or publish the same in print and/or electronically.
I agree that such photographs of me and/or my minor child may be used with or without my name/my minor child's name and for any lawful purpose, including for example such purposes as publicity, illustration, Web content and distribution to other Conference participants and Rotary Clubs and publication on social media related to this event.

As a condition of participation in the RYLA Conference, April 26 to 28, 2019, I agree to be bound by the terms of the Standards of Conduct, the Photography Release, and Medical Release.

Delegate_____(signature) Date_____

Parent/Guardian_____ (signature) Date_____