



# Congratulations!

March 2016

Dear RYLA Participant,

**Congratulations!** You have been chosen to attend the Rotary Youth Leadership Awards (RYLA) Conference 2017! You have been selected in recognition of your leadership qualities demonstrated or for the potential recognized within you by your school. Rotary Youth Leadership Awards Conference (RYLA) conference is held at Edwards Camp & Conference Center in East Troy Wisconsin. The camp/conference center offers everything we need for a great weekend, including; world class speakers, lodging, low ropes courses, challenge stations, good food and more. We have exclusive use of the entire camp.

The conference will begin with coach buses picking up students at eight different suburban locations. **Please refer to the enclosed transportation memo page for bus pick up sites and times.** Upon your arrival at the conference we will have a snack and then hold a short group orientation session. This will be followed by a short meeting with your assigned small group just to everyone has an opportunity to get to know each other.

On Friday morning we will begin two and a half days of focus and fun. Please see attached agenda. The weekend will be very busy and go by fast. If you have received this packet you have been accepted and sponsored to attend. **PLEASE PLAN ON ATTENDING or contact me as soon as possible should you have a conflict.** The sponsoring Rotary Club pays for your attendance in advance to RYLA. Should you not be able to attend we have a waiting list of people who have applied and wish to attend but lack sponsors.

### What happens at the RYLA weekend? I can easily promise you five things;

- You will have a great time! Believe it or not, we have a lot of fun!
- You will learn a lot of new things about yourself
- You will meet and listen to some of the best speakers you might ever hear.
- You will learn skills that will make you a better leader.
- You will make new friends from different communities.



### PLEASE NOTE;

I need the attached transportation memo and medical release forms mailed, emailed or faxed in advance of your attendance. Fax number, mailing address and e-mail are all provided on the transportation memo and medical release forms. The busses have to know in advance how many people are being picked up at each location. I need the medical release form in case of emergency. Please bring this booklet to camp with you. All the information you need for the weekend should be in this conference booklet. If you have any questions, concerns or comments feel free to contact me at any time at (630)688-5165.

We look forward to meeting you at one of the 2017 RYLA weekends! Please do not forget to;

- Submit transportation memo and medical release form
  - For Session I - March 9-12, before March 1
  - For Session II - April 6-9, before April 1

If I do not receive the transportation memo I will assume you are arranging your own transportation to and from the RYLA Conference. Thanks and again congratulations on being chosen to attend the RYLA Conference. Prepare to have fun, learn some great leadership skills and meet some amazing people like yourself.

Sincerely,

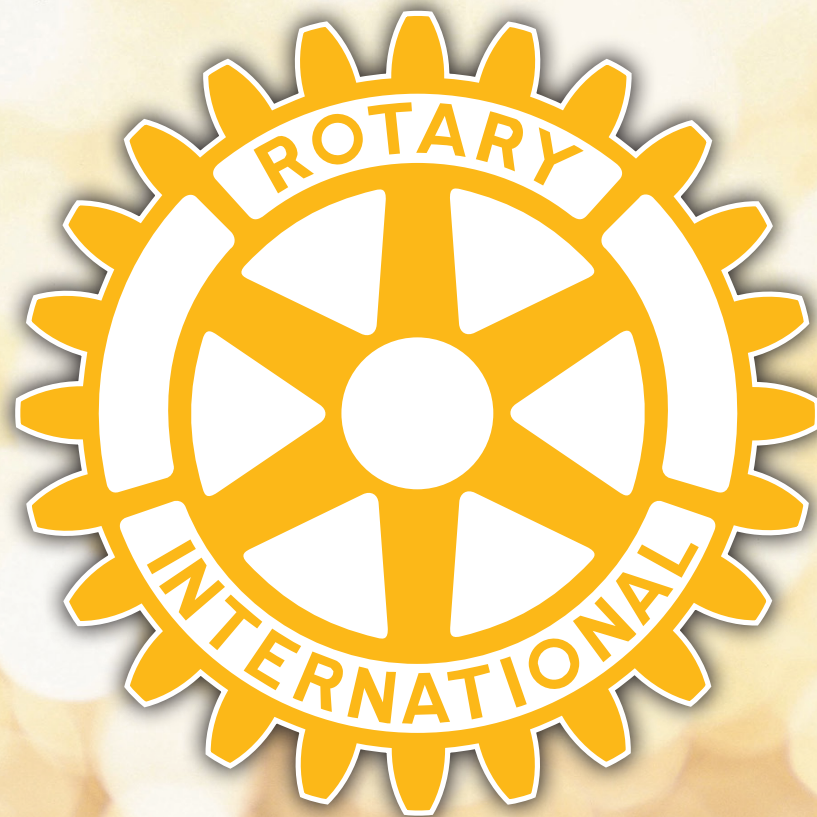


**SEAN NELSON** RYLA Chairman  
snelson@ilymcayg.org Rotary District 6440



# Congratulations!

**YOU'VE BEEN ACCEPTED TO THE  
ROTARY YOUTH LEADERSHIP AWARDS  
(RYLA) CONFERENCE 2017  
MARCH 9-12, 2017**



**Rotary Youth Leadership Awards**

**Rotary District 6440**

CUT ALONG DOTTED LINE

## Medical and Photo Release Consent

*Second of two things I need in advance of attendance*

1. I give consent for my child's photograph to be used in connection with Rotary District 6440, Rotary Youth Leadership Awards Conference for promotional and educational use.
2. In case of sickness or injury I expect that I will be contacted immediately. However, if I cannot be reached, I the undersigned, hereby give my consent for any trained YMCA Camp staff or Rotary District 6440 personnel to provide emergency care including first aid. I also hereby give my consent for treatment of my child through a clinic, hospital or private doctor. I give my express consent for hospital to secure proper treatment including x-rays and/or order of anesthesia injection for surgical purposed if the attending physician feels it is advisable or necessary. I also agree to pay all costs and fees contingent upon any emergency medical care and/or treatment for my child as secured or authorized under his consent.
3. I give permission for my child to participate in RYLA programs extracurricular activities like the low ropes course and obstacle course.

\_\_\_\_\_  
Name of Participant (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Health and History/Daily Medication

Does your child have allergies? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please state the allergy and method of first aid normally administered

Does your child have any chronic illnesses (Asthma, diabetes, behavioral, other)  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please state illness and remedies normally administered

Any recent surgeries or serious injuries? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify

Does your child take any daily medication? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please provide the following information:

Name of medication \_\_\_\_\_

Time Medication should be administered \_\_\_\_\_ Days per week \_\_\_\_\_

Dosage Amount \_\_\_\_\_ Side effects \_\_\_\_\_

Parent Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

