



**District 5830**  
**Rotary Youth Leadership Awards**  
**Student Application**  
 Due by \_\_\_\_\_

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 within 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)

**Sex** M | F **DOB** \_\_\_/\_\_\_/\_\_\_ **High School** \_\_\_\_\_ **Shirt Size** S M L XL XXL

**Parent/Guardian Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Dietary Requirements** Please list any food allergies or required vegan or vegetarian diet. RYLA cannot provide meal options for every diet, but we will work with you to accommodate specific dietary requirements.

(You may attach a resume or additional information on a separate sheet)

**Extracurricular Activities (including sports)** \_\_\_\_\_

**Academic Accomplishments (Awards, Honor Roll, Advanced Classes, GPA, etc.)**

**Other Activities, Interests, Hobbies, etc.** \_\_\_\_\_

**Work Experience**  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_

**APPLICATION MUST BE SIGNED AND HAVE CURRENT STUDENT PHOTO ATTACHED.**

*By signing below I acknowledge that I have reviewed information on RYLA5830.org 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 nurse, doctor, or designated 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