



Rotary Youth Leadership Awards
ROTARY DISTRICT 7350
JUNE 14-17, 2009
JUNIATA COLLEGE, HUNTINGDON, PA

TO BE RETURNED BY April 6, 2009

Please type or print clearly! Nametags are produced from this form so correct spelling is appreciated by all!

Sponsoring Club: _____

Section 1 – Personal Information

Participant Full Name: _____

Preferred Name for Nametag: _____

Email Address: _____

Home Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

My Space: _____ *Optional* Screen Name: _____ *Optional*

High School: _____ I will be entering _____ grade.

Shirt Size: XXL _____ XL _____ L _____ M _____ S _____

Section 2 – Emergency Contact Information

Emergency Contact Person for Participant: _____

Daytime Phone: (____) _____ Evening: (____) _____ Cell: (____) _____

Contact Person Address (*if different from above*): _____

Relationship to Participant: _____

Parent/Guardian: (*if not emergency contact listed above*): _____

Daytime Phone: (____) _____ Evening: (____) _____ Cell: (____) _____

As a parent or legal guardian of the participant, I do hereby release and discharge ROTARY, and their representatives from any and all claims arising from participant's involvement in this event. I also give my full permission for the use of participant's name and photograph in this event. I also give my full permission for such first aid as deemed necessary to be provided to participant on the premises or prior to transport to a hospital for further treatment.

Print Name

Signature

(Over)

Date



QUESTIONS? CONTACT:

RYLA Conference Chair

Dan Bennett: 717-248-2010 or 717-667-4292

dan.bennett.jo8e@statefarm.com

RYLA Registration Chair

Kimberly Fragola: 814-231-2043

kfragola@psualum.com

RYLA Facilities Chair

Kathy Krinks: 814-684-2926

klk@psu.edu

RYLA Community Service and Entertainment Chair

Ann Dunlavy: 814-643-0268

info@lincolncaverns.com

RETURN REGISTRATION FORM **BY April 6** TO:

Kimberly Fragola
135 Spring Hill Lane
State College, PA 16801
kfragola@psualum.com



RYLA District 7350 Participant Code of Conduct Pledge

I, _____, understand being chosen as both a leader in my community and as a representative of my local Rotary Club that there will be high expectations established for my participation in the RYLA Program. **As a RYLA participant, I agree and pledge to:**

- Participate at my fullest ability and attend all seminar activities.
- At all times, abide by all laws established by our Federal, State and or Local governments.
- Follow the rules and regulations established by Juniata College for the safety and well being of their students and guests.
- Not use alcohol, tobacco products and/or any illegal drugs during the seminar.
- Remain on the Juniata College Campus unless given permission by a RYLA staff member to leave.
- Limit my cell phone usage for calls and or messages to my parents/guardians or for emergency purposes only.
- Take advantage of this opportunity to interact with the participants and staff by restricting visitors to the closing banquet only.
- Network with all participants and not repeatedly limit my interactions to any one individual or to the participants of my own club.
- Allow only visitors of my own gender in my room and use public areas for all activities involving members of the opposite sex.
- Interact with the participants in a manner that is respectful of each individual and not engage in any inappropriate displays of affection that could cause discomfort for the group.
- Be in my room, with only my designated roommate when "Lights Out" is announced so I can be well rested for the next day's activities.
- Accept the instructions and requests made by the RYLA staff ensuring that my behavior will help foster an environment conducive to learning, safety and respect for all participants involved in the RYLA experience.

I understand that any violation may result in dismissal from the RYLA program. I further understand that Juniata College and or the RYLA Seminar Director in consultation with his or her staff, will have final authority in enforcing this Code of Conduct.

Applicant's Signature: _____ *Date:* _____

Parent / Guardian Signature: _____ *Date:* _____

THIS PLEDGE IS REQUIRED TO PARTICIPATE IN RYLA