

# - DISTRICT 1210

**This leaflet is intended to give an idea to Applicants and Rotary Clubs of what Rotary Youth Leadership Awards are about.**

This is an annual course in a rural setting at a purpose built activity centre. There will be 2 courses, the dates of these 2 courses will be as follows: **Sunday 13 July to Friday 18 July 2008 and Sunday 20 July to Friday 25 July 2008.** A total of 32 places on each course will be available through your local Rotary Club.

Each course contains a mixture of:-

## **Physical and Mental Challenges that allow participants to experience Leadership, Communication and Problem Solving**

**These are based on outdoor activities such as: -  
Walking –Bell boating – Raft building - Orienteering**

These activities are conducted by experienced fully qualified professional instructors.

## **Personal development linked directly to course activities.**

### **Self-assessment**

**One to one feedback from a mentor**

**Mentors are drawn from amongst the business and professional people who are members of Rotary.**

### **Objectives**

- To develop leadership experience and skills
- To stimulate the mind through pride in achievement
- To emphasise the importance of competition, health, fitness, character and tolerance as inputs to the quality of life
- To demonstrate Rotary's commitment to the development of and respect for young people

### **Aims**

- To challenge candidates by putting them under pressure in an enjoyable way
- To encourage and foster leadership development through teamwork and communication

### **Candidates**

This course is open to young men and women who are 16 by 31 August 2008 and under 18 on the day the course commences. They should be perceived to have leadership potential, have the ability to mix and have a basic self-discipline. Although based on an outdoor theme it is **not** an 'outward bound' course. A basic level of fitness is necessary, as is an open and enquiring mind.

### **Interested?**

Your local Rotary club is supporting this programme and should be contacted for details on how to apply.

# - DISTRICT 1210

## CANDIDATE REGISTRATION FORM RYLA 2008

### COURSE 1

The Rotary Club of .....

supports the following candidate for RYLA 2008

FULL NAME .....

PREFERRED NAME TO BE USED .....

ADDRESS .....

.....

..... POST CODE .....

HOME TELEPHONE NUMBER .....

MOBILE NUMBER .....

E-MAIL ADDRESS .....

DATE OF BIRTH ..... AGE AS AT  
31.07.08.....

SCHOOL &/OR PLACE OF WORK.....

.....

### I WISH TO ATTEND:-

**COURSE 1 – SUNDAY 13 JULY TO FRIDAY 18 JULY 2008**

**I understand that the course content involves some physical activity. I acknowledge the need for obedience and responsible behaviour on my part.**

Signed ..... Date .....

Dietary needs (Please specify) .....

Garment size (upper body) S  / M  / L  / XL

**Please complete, attach a passport size photograph, complete medical questionnaire and ask your parent/guardian to complete the other forms**

# RYLA - DISTRICT 1210

**GROUP NAME** Rotary International District 1210 Rotary Youth Leadership Awards 2008

**COURSE 1** 13 July 2008 – 18 July 2008

The following information is **CONFIDENTIAL** and is only required to enable the instructors to give the appropriate medical help and support should the need arise.

The programme requires individuals to become involved in mostly outdoor activities. No previous experience is required, but individuals coming on the programme must be willing to participate.

### MEDICAL DECLARATION FORM

**NAME** .....

**ADDRESS** .....  
 .....  
 .....

**GROUP NAME** Rotary International District 1210 Rotary Youth Leadership Awards 2008

**DATES** 13 July 2008 – 18 July 2008

PLEASE ANSWER THE FOLLOWING QUESTIONS

	<u>Yes</u>	<u>No</u>
<b><u>Are you currently taking any medication?</u></b>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Have you ever had?</u></b>		
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>
Asthma, Bronchitis or Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Nervous Illness	<input type="checkbox"/>	<input type="checkbox"/>
Allergies (Hay fever, allergy to medicine, insect bites, food etc.?)	<input type="checkbox"/>	<input type="checkbox"/>
Have you been treated by your doctor or hospital within 2 years	<input type="checkbox"/>	<input type="checkbox"/>
History of fractures or tendon/ligament damage	<input type="checkbox"/>	<input type="checkbox"/>
Are you registered disabled	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered YES to any of the above questions please provide further details:  
 .....  
 .....  
 .....

Date of your last Tetanus injection.....

If you are in any doubt about your physical ability to participate on this programme please have this section of the form completed by your doctor.

For GP  
 In my opinion it is medically safe for .....  
 to attend this programme. (Signed) .....  
 Doctors name..... **Date** .....  
 Address.....  
 ..... **Post Code**.....



# - DISTRICT 1210

**COURSE 1 Sunday 13 July 2008 – Friday 18 July 2008**

Declaration:

1. To the best of my knowledge my completed Medical Declaration Form is accurate as to my medical history and current condition
- 2. I undertake to notify the Course Director of any changes to my medical status before the commencement of the RYLA Course.**

Applicant's Name (please print)

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Signature (applicant)

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Parent /Guardian's Name (please print)

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Relationship to applicant

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Signature (parent/guardian)

# - DISTRICT 1210

Course 1 Sunday 13 July – Friday 18 July 2008

## TO BE COMPLETED BY PARENT OR GUARDIAN

In the case of emergency I understand that every effort will be made to contact parents or guardians of those attending the Rotary Youth Leadership Award course. In the event that I cannot be reached I hereby give permission for the Course Director, Jon Ball, to secure medical treatment for the child named below including hospitalisation, injections, anaesthesia or surgery as indicated as necessary by the physician selected to administer the treatment.

Photographs are taken during the RYLA course to use as a marketing tool when we Rotarians 'sell' RYLA to Rotary clubs. I am in agreement with photographs for this reason being taken of my child.     Yes     No

    

Candidate's name .....

Parent/Guardian's Name (please print) .....

Relationship to candidate.....

Signature .....Date .....

Address .....

.....

.....Post code.....

Telephone

(Day).....

(Eve).....

(Mobile).....

(Other).....

