



2019 Hawai`i Island Rotary Youth Leadership Awards
Camp February 15 - 17, 2019 at KMC, Volcano, HI

Applicant Information/Parental Release Form

(Please print clearly in black ink)

Name: Nickname: Age: Sex:

Mailing Address: City: Zip:

Home Phone: School: Grade:

Cell Phone: E-Mail: T-Shirt Size:

(Please circle) Are you an Interact Club member? Yes No Have you attended a RYLA camp? Yes No

There is a HIKING experience as part of the RYLA Camp Program. What is your level of hiking experience? (Please circle) BEGINNER INTERMEDIATE ADVANCED

List your school and/or community activities (Include any elected or leadership positions):

PARENT(S)/ GUARDIAN(S) ACCEPTANCE

Our son/daughter has discussed the Rotary Youth Leadership Awards (RYLA) program with me (us) and I (we) give my (our) permission to apply for participation in the overnight, co-ed RYLA program to be held February 15 - 17, 2019 at the Kilauea Military Camp, Volcano, Hawaii. Further, I (we) give my (our) approval to seek medical assistance should an emergency occur. It is understood that the program is conducted and supervised by Rotarians and selected chaperones. I (we) have also reviewed the Program's Code of Conduct and I (we) agree with them and understand that, to assure the safety and well being of each participant, they will be strictly enforced. I (we) further understand that my (our) child is expected to attend the full program and that requests not to take part in any activity or to leave before the end of the program will only be considered by the program staff only based on an exceptional basis such as family emergency, injury, etc. I (we) grant permission for the use of camp photographs of my (our) son/daughter by Rotary for RYLA publicity purposes.

Signature of Parent/Guardian: Print Name:

Emergency Phone Numbers: Other:

Signature of Parent/Guardian: Print Name:

Emergency Phone Numbers: Other:

Please complete, sign and the completed Application and all the required forms to your sponsoring Rotary Club representative:

APPLICATION SUBMISSION DEADLINE IS NOVEMBER 16, 2018



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Health Information & Consent for Emergency Treatment

The information on this form will be kept confidential and will only be used by medical personnel.

Student's Last Name: _____ First: _____ DOB: _____ Sex: _____
 Street Address: _____ City: _____ Zip: _____
 Insurance Company: _____ Policy Number: _____
 In case of emergency notify: _____ Phone: _____
 Relationship to Participant: Parent ___ Guardian: ___ Other (specify) _____
 Family Physician or Clinic: _____ Phone: _____
 Date of Last Tetanus Shot: _____

Please answer the following questions, and explain each "YES" response below:

	Yes	No
1. Respiratory problems (asthma, persistent cough, TB, etc.).	_____	_____
2. Heart disease (high blood pressure, heart murmur, chest pain etc.).	_____	_____
3. Stomach or intestinal problems (ulcers, jaundice, hernia, etc.).	_____	_____
4. Kidney, gall bladder or liver disease.	_____	_____
5. Diabetes or hypoglycemia (low blood sugar).	_____	_____
6. Muscular/skeletal problems (arthritis, hernia, recent fracture, etc.).	_____	_____
7. Eye, ear, nose or throat problems (hay fever, impaired sight or hearing).	_____	_____
8. Nervous disorders (convulsions, epilepsy, dizziness, etc.).	_____	_____
9. Skin diseases.	_____	_____
10. Emotional or mental disorders (frequent anxiety, excessive fear, etc.).	_____	_____
11. Surgical operations, accidents, injuries in last 3 years.	_____	_____
12. Recent exposure to contagious disease.	_____	_____
13. Allergies.	_____	_____
14. Are you currently under a doctor's care?	_____	_____
15. Are you currently taking any medication? List below.	_____	_____
16. Do you have any special dietary needs?	_____	_____
17. Do you have any limiting physical or emotional conditions?	_____	_____

Explanations (Use reverse side if necessary):

I am of the opinion that my child can and may participate in the Rotary Youth Leadership Awards program (RYLA) at Kilauea Military Camp, Volcano Hawai`i on February 15 - 17, 2019. I further declare that he/she has no physical, emotional, mental or communicable conditions that will interfere with participation in this program. I hereby release Rotary District 5000, Hawaii Island Rotary clubs and all program staff from all liability, including payment for treatment for illness or accidents which may occur.

If a medical emergency arises while my child is participating in the RYLA program, I give my permission for medical personnel to perform whatever health service or treatment is necessary for our child's health.

Parent/Guardian Signature: _____ Print Name: _____

Date: _____ Phone number(s): _____



Code of Conduct

THE RYLA PROGRAM STAFF WISHES TO PROVIDE A SAFE, SECURE SETTING FOR ALL THOSE WHO PARTICIPATE IN THIS PROGRAM.

The following Code of Conduct rules and conditions will apply to all RYLA participants, staff and visitors throughout the February 15 - 17, 2019, RYLA Camp program at Kilauea Military Camp, Volcano, Hawaii.

- Possession or use of alcoholic beverages or illegal drugs is prohibited.
- Smoking or any use of tobacco products is prohibited.
- Participants are responsible for keeping sleeping area and room clean and orderly
- Sleeping arrangements will be assigned and are same-sex to a room. Assignments are made by staff in an effort to maximize your opportunity to make new friends. Changing of room assignments is not permitted without prior approval by the program staff.
- Participants must attend all program events at specified times, unless excused by program staff.
- Appropriate clothing is to be worn at all times.
- All program participants must respect personal, camp and public property. Repair costs for damages incurred to property will be billed to the responsible party.
- Participants are not to have an automobile available to them during the program. Transportation will be provided to and from the camp.
- Participants are expected to abide by curfews and to be in their assigned rooms at times as designated by the staff.
- The use of cell phones and other personal electronic devices will not be permitted during the program unless approved by Camp personnel for video or picture documentation. Note, simple cameras may be brought and used. Emergency incoming calls will be accepted by the camp personnel at this number: 808-557-1897

Participants are expected to attend the full program, and if, for any reason, you know that you cannot do this, please do not apply for participation. Requests to not take part in any program activity or to leave before the end of the program will only be considered by the program staff for an exceptional basis, i.e., family emergency, injury, illness, physical limitation, etc. If it becomes necessary for you to leave the program because of such circumstances, your parents will be notified and they will be responsible for arranging all transportation from the camp to your home. Only parents or guardians may give such permission to leave the program and to provide transportation. Any participant who leaves the program early will not be permitted to return, and will not receive a Certificate of Completion.

Participants who violate this Code of Conduct may be asked by the program staff to leave the camp, in which case the parents will be responsible for picking them up at KMC and transporting them home as soon as requested.

I have read and agree to conform to the above code of conduct, conditions and exceptions.

RYLA Participant Signature: _____ Date: _____

Print Name: _____

Parent/Guardian Signature: _____ Date: _____

Print Name: _____ Phone Number: _____

UNITED STATES DEPARTMENT OF THE INTERIOR

NATIONAL PARK SERVICE

VOLUNTEER IN THE PARKS PROGRAM

PARENTAL APPROVAL FORMS

NAME OF VOLUNTEER _____

PARENT OR GUARDIAN'S NAME _____

ADDRESS _____

PHONE: (Residence) _____

I affirm that I am the parent/guardian of the above named volunteer. I understand that the National Park Service's VOLUNTEERS IN THE PARKS program does not provide compensation, except as otherwise provided by law, and that the service will not confer on the volunteer the status of a Federal employee. I have read the attached description of the work that the volunteer will perform.

I give my permission for _____ to participate in this program sponsored by Rotary Youth Leadership Awards Camp at the Hawai'i Volcanoes National Park, Hawai'i from February 15 - 17, 2019.

(Parents/Guardian Signature)

(Date)

Form No. 10-85
Rev. (9/99)

UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE
VOLUNTEERS-IN-PARKS PROGRAM

HAWAII VOLCANOES NATIONAL PARK

Agreement for Individual Voluntary Services
(Act of July 29, 1970 Public Law 91-357)

NAME - Last, first, middle initial (please print)

TELEPHONE

ADDRESS (Street, city, state, zip code)

Brief description of work to be performed, including minimum time commitment required.
(Attach complete job description to this form)

Volunteers will participate in various forest restoration activities including plant propagation, alien plant removal, planting and seed collecting. There is no minimum time commitment.

I understand that I will not receive any compensation for the above work and that volunteers are NOT considered to be Federal employees for any purpose other than tort claims and injury compensation, and I understand that volunteer service is not creditable for leave accrual or any other employee benefits. I also understand that either the National Park Service or I may cancel this agreement at any time by notifying the other party.

I do hereby volunteer my services as described above, to assist the National Park Service in its authorized work.

Signature of Volunteer

Date

The National Park Service agrees, while this arrangement is in effect, to provide such materials, equipment and facilities that are available and needed to perform the work described above, and to consider you as a Federal employee only for the purpose of tort claims and compensation for work related injuries.

Signature of Park VIP Coordinator

Date

TERMINATION OF AGREEMENT

Agreement Terminated on _____
Month, Day, Year

Signature of Park VIP Coordinator

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What To Bring - Besides Your Wonderful Self!

Key: Please label all belongings!

Clothes

- 1 rubber slippers (for showers)
- 1 pair LONG shorts*
- 2 pair jeans/sweatpants*
- 2 pairs of socks
- 2 t-shirts*
- 1 jacket/sweatshirt! Volcano can get very cold so please be prepared.
- 1 baseball cap when working outside for the service project
- 2 pairs of underwear
- Running shoes/cross trainers for outdoor activity and working outside
- Pajamas

* Clothing should be appropriate for outdoor park exploration

Personal Stuff / Hygiene Kit

- Shampoo, soap & deodorant
- Toothbrush, tooth paste & contact lens solution
- One (1) light weight bath towel/wash cloth,
- Sunscreen, insect repellent, feminine products
- Sleeping Bag recommended, if it gets cold (dorms do have blankets & pillows)
- Medication

(RYLA Camp does not distribute aspirin, pain relief pills or over the counter drugs - please bring what your parents allow you to consume).

- Flashlight with new batteries

Optional

- Musical instruments (please share your talents!)
- Film cameras, digital cameras

KAPU (Leave at Home)

- Snacks (unless you can provide for the entire Ohana)
- Audio/Video equipment and components
- Electronic games, personal audio players, DVD players, laptops etc.
- No money (nothing to buy) or jewelry (includes Heirloom jewelry)