



Rotary Youth Leadership Awards

Leadership Camp Application

Overnight Camp Dates: April 13 – 15, 2012

Alpine, New Jersey

Rotary District 7230

Space is limited for this valuable camp. Applications are considered on a first-come, first served basis.

Applications should be returned to _____

by ***Friday December 9, 2011*** for priority consideration.

Sponsoring Rotary Club:

Contact:

Applicant Information

Name: _____ Male Female

St. Add. _____

City, ST, Zip _____

E-Mail: _____

School: _____ Grad. Yr: 2014 Other

Date of Birth: _____ Nickname: _____

Shirt Size: S M L XL

RYLA is:

- A unique leadership experience sponsored by local Rotary Clubs at no cost to participants.
- An intensive weekend focused on leadership, group activities and self-discovery.
- Facilitated by Adult Rotarians, trained upper class students and other experts.
- An opportunity not to be missed

Parent Information

Name: _____

St. Add. _____

City, ST, Zip _____

E-Mail: _____

Leadership Experience

Current & Past Leadership Roles:

Please Describe Your Leadership Style:



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Leadership Experience (cont.)

What will you contribute to this Leadership Camp:

How do you think you will benefit from this experience?:

List of School & Extra-Curricular Activities:

List of leadership positions:



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To Be Filled Out By Parent Or Guardian

My son/daughter _____ has permission to attend the RYLA camp on Friday, April 13 – Sunday, April 15, 2012 at the Alpine Boy Scout Camp in Alpine, NJ.

During the event, I can be reached at the following telephone number(s): _____ (home), or _____ (cell). If I cannot be reached in an emergency, the following person is authorized to act on my behalf:

Name: _____ Phone: _____

Signed: _____ Date: _____

Please list any medical issues of which the organizers of the camp should be aware. This includes, medical conditions & any allergies to food/medicine/bee stings or other. _____

There will be activities during the camp that will require some physical exertion. Please list any physical constraints: _____

Photo Release Form

I, being the parent/guardian of _____, hereby consent that his/her name, image and/or likeness, as shown in video tapes, photographs and/or electronic media for which he/she posed, and/or audio recordings made of his/her voice may be used by Rotary District 7230 for the promotion of RYLA (Rotary Youth Leadership Awards).

Parent Signature: _____ Date: _____