

Rotary Youth Leadership Award

Application Form

Rotary District

5th – 7th May 2017

[Entries close 11th April 2017.](#)

ALL 5 PAGES TO BE COMPLETED & RETURNED IN FULL

BY THE CANDIDATE OR PARENT - GUARDIAN IN CONJUNCTION WITH THE REPRESENTATIVE OF THE SPONSORING ROTARY CLUB AND RETURNED TO THE DISTRICT RYLA CO-ORDINATOR

There are four Sections to be filled in, these are Student Details, Previous Activity, Health and details of the Sponsoring Rotary Club. On each section please tick the boxes below and then insert signatures of the Student aged over 18 years or Parent or Guardian and the representative of the Sponsoring Rotary Club.

- Details of the student
- Previous Activity
- Health (includes an extra section for Asthma sufferers)
- Sponsoring Club Details

Signature of Parent/Guardian or Student over 18 Years old

.....

Print Name

The signatory understands we will keep the individuals personal information 'on file' as an Alumni of Rotary and this information will only be used to allow Rotary to maintain contact with them. This statement is needed to comply with the Data Protection Act.

Signature of Sponsoring Rotary Club Representative.....

Print Name

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INDIVIDUAL APPLICATION FORM

Please return all pages

Course: 5th – 7th May 2017

PLEASE COMPLETE IN BLOCK CAPITALS

Candidate from the Rotary Club of

Surname (*)..... Christian Name (*).....

Date of Birth (*)..... Age (*)..... Male/Female delete as necessary (*)

Home address (*)

Post Code (*).....

Daytime Telephone No (*)

Evening Telephone No

Mobile Telephone No: (*)

E-mail..... (*) **must be inserted**

Contact address and telephone number(s) during the course, **if different from above**

.....

Post Code.....

Telephone Number(s).....

Previous experience of the activity(ies):

None/One or two days only/Fairly experienced/ Regular participation

(delete as required)

If canoeing/kayaking - Have you been on moving water? Yes / No

Can you swim 50 metres? Yes / No

If climbing do you lead rock climbs? Yes / No

(Leading rock climbs means going up first without the security of a rope)

Can you ride a bicycle? Yes / No

Previous Activity course attended at White Hall or other Outdoor Centre

Type of course

Dates

Activity

.....

.....

.....

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Health - Details of any medical condition or recent illness (within the last six months), which might affect your physical performance (e.g. asthma, epilepsy, diabetes):

.....
(If asthmatic please see additional medical form attached)

Details of any medicines or tablets being taken:

.....
Name and address of family Doctor :

.....
Telephone Number of family Doctor:

Please complete the following sections:

Please tick as appropriate:

Details of -

No Special dietary needs

Vegetarian Eggs Dairy Produce Vegan

Other special needs

Please give details:

IMPORTANT: Students will be encouraged to take responsibility for themselves as soon as they have gained enough skill, experience and judgement.

1. I have read the notes for course members and their parents/guardians and understand the nature of the course. I agree to abide by any safety requirements (and, for under 18's, consent to my child taking part.)
2. I understand that in the event of accident, loss or damage, Derbyshire County Council will only accept liability where the accident, loss or damage is caused by the negligence of the County Council, its employees, agents or subcontractors.
3. I understand that insurance against cancellation, personal injury, loss or damage which is not caused by negligence on the part Derbyshire County Council or its employees or Rotary International is my responsibility.
4. I understand that every effort will be made to obtain my/parental consent for any necessary medical treatment (e.g. inoculations, blood transfusions, surgery, or the use of anaesthetics) but that in an emergency prompt action may be required. I therefore authorise the Centre Director or his representative to consent to any medical treatment which a medical practitioner deems necessary.
5. I understand that it may not be possible with mixed groups for members of staff of each sex to be present at all times during the activities evenings and overnights.
6. I have no objection to my son/daughter having their photograph taken and used in publicity material used to publicise the activities of the RYLA course.
7. I understand the need to provide personal accident and personal effects insurance as Rotary and Whitehall do not provide such insurance!

Signed by Applicant if aged **over 18 years old**

..... Date.....

Signed by Parent/Guardian if strident is **under 18 years old**

..... Date.....

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PLEASE RETURN ALL PAGES EVEN IF NOT APPLICABLE

**ASTHMATICS' QUESTIONNAIRE AND DECLARATION
TO BE COMPLETED BY ALL CANDIDATES WHO SUFFER,
OR HAVE SUFFERED FROM ASTHMA**

SURNAME..... FORENAME(S).....

***Delete as appropriate**

1. **Questionnaire.** I confirm that I ***suffer/have suffered** from asthma and wish to declare the following information:
 - a. When was your last attack?.....
 - b. What preventative medication/inhalers do you use?
(include strength and frequency dose)
 - c. What reliever medication/inhaler do you use? (include strength of dose)
.....
 - d. Indicate frequency of use during normal daily activities, e.g. once a day, once a week etc
 - e. Indicate frequency of use during routine exercise
.....
 - f. Have you ever required hospital admission for your asthma? ***YES/NO.**
If **YES** give details when.....
 - g. Have you sought advice from your doctor or asthma nurse prior to completing this health form? If **YES** what did your doctor or asthma nurse advise?
.....
 - h. Any additional comments
- 2.

Declaration I fully understand that participating in outdoor activities is strenuous, which may be undertaken in extremely cold and, at times, in a “freezing fog” type atmosphere. Additionally, I can confirm I have been advised that, if I am unsure about my fitness to take part in strenuous outdoor activity I should consult my doctor or asthma nurse before signing this certificate and declaration. Should my asthmatic condition change, requiring any amendment to the above questionnaire, before arriving at the White Hall Centre, I undertake to advise the course coordinator, or if the change occurs during my stay at the White Hall Centre.

Signed:.....

Date:.....

Countersigned:.....

Date:.....

(Person having parental responsibility for a young person under 18 years of age)

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Details of Sponsoring Rotary Club

Rotary Club of

Name of Club Contact

Address

Postcode

The Club member should be prepared to be a point of contact from parents/guardians if necessary. (only in exceptional circumstances)

Telephone Numbers:

Work if applicable

Home

Mobile if applicable

Fax if applicable

Email

Please Return forms ASAP to:

Rotarian Kevin Smith

9 Kingsway,

Ilkeston,

Derbyshire,

DE7 4DH.

Telephone : 0115 944 0812.

Mobile : 07882 810026

email : district1220@virginmedia.com