**Rotary Youth Leadership Awards**

**Application Form**

**Rotary District 1220**

Whitehall, Buxton 17th – 19th May 2019

Entries Close on Friday, 26th April 2019

 Sections A, B and C of this application form must be completed **in full** by the parent / guardian of the candidate, in conjunction with the representative of the sponsoring Rotary Club.

Section D must then be completed by the representative of the sponsoring Rotary Club and

once completed it must be returned together with full payment to

Rtn. Dave Ashley, The Rotary Club of Belper and Duffield,

All sections of the Application Form and this front sheet must be completed as indicated;-

A) Student Details Parent/guardian of Candidate

B) Previous Activity Parent/guardian of Candidate

C) Health & Dietary Requirements and Asthma form Parent/guardian of Candidate

D) Details of the sponsoring Rotary Club Representative of the Rotary Club

Please complete each Section of the form and then tick the boxes below to indicate that the appropriate section has been completed. The Parent or Guardian of a candidate under 18 years should ensure fiull completion of Sections A, B and C and then sign below. This page should then be countersigned by the representative of the Sponsoring Rotary Club.

 A) **Details of the student**

 **B) Previous Similar Activity**

 **C) Health**

 **Dietary Requirements**

 **Asthma – additional form**

 **D) Sponsoring Club Details**

Data Protection legislation requires us to inform the person signing this document that they are giving approval for the personal information on this Application Form to be retained ‘on file’ by Rotary. As an Alumni of Rotary, we like to maintain contact with the individuals who participate in our Youth Programmes. The retained information will only be used for this purpose. Your signature indicates agreement with this statement.

Signature of Parent/Guardian of candidate under 18 years \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Sponsoring Rotary Club Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section A – Student Details**

**PLEASE COMPLETE IN BLOCK CAPITALS**

Candidate sponsored by the Rotary Club of **­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­**­­­­­­ ………………………..................................................................................

Surname: ….…………………………….. Given Name(s): .......................................…………………………………………

Date of Birth …………………… Age at start of course: ………… Male/Female (required for dormitory allocation)

Home address ……........................................................................................................................................

Post Code ………………………………………………… ……………………………………………………..

Daytime Tel. No …………………………………………………..................................................………………...

Evening Telephone No .......……..........…......……………………………………………………………………………….

Mobile Telephone No …………………………..........................................................................................................

E-mail ...........................….......…………………………………………………………………………….

Do you agree to photographs of the candidate being taken and used for Rotary purposes. Yes / No

Size required for RYLA sweatshirt small / medium / large / extra Large (delete as required)

**Name and details of Next of Kin or Guardian.**

Name of next of Kin …………………………………………………………………………………………………………

Address of next of kin ……………………………………………….………………………………………………………..

Post Code ……………….........................................................................................................................

Telephone Number(s) ..................................………..………………….......................................................................

 ………………………………………………………………………………………………………..

Relationship of Next of kin to Candidate ……………………………………………………………….……………………………

***“I agree to …………………………………………………. attending the Rotary District 1220 Youth Leadership Awards weekend from 17th to 19th May 2019. I have read and understand the documents outlining the nature of the course and the conditions that apply.”***

***Signed …………………………………………………………………………………………….……… (Next of Kin/Guardian)***

**Contact name and details of Next of Kin/Guardian etc during the course, if different from above:**

Name ……………………………………………………………………………..………………………….

Address …………………………………………………………………………………………………………

Post Code ................................................................................................................................................

Telephone Number(s) .................................................………..……….......................................................................

 …………………………………….…………………………………………………………………..

Relationship of Contact to Candidate …………………………………………….………………………………………………

**Section B – Previous Similar Activities / Experience**

**Please give details, as requested, of your previous experience of the activity(ies) that may be undertaken during**

**the course:**

General Outdoor Pursuits? None / One or two days only / fairly experienced / regular participation (**delete as required**)

In relation to canoeing or kayaking - Have you been on moving water? Yes / No

Can you swim at least 50 metres? Yes / No

In relation to rock 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 similar Activity course(s) attended at Whitehall or any other Outdoor Pursuits Centre**

Type of course Dates Activities

............................................................. ........................................ ..........................................................

....................................................…….. ……………….................. ..………………....................................

............................................................. ………………................... …………………...................................

**Section C – Health and Dietary Requirements**

 **Health**

Give details of any medical condition or any recent illness which might affect your physical performance

(e.g. asthma, epilepsy, diabetes):

....................................................................................................................................................................................

(If asthmatic please complete the additional “Asthma Declaration Form” attached)

Please give details of any medicines or tablets being taken:

..............................................................................................................................………………………………………

Name and address of family Doctor (for emergency purposes only): ..……..............................................................

..........................................................................................................…………………………………………………….

Telephone Number of family Doctor: ………………………………............................................................................

 **Special Dietary Requirements**

 **(Please tick the appropriate boxes)**

A) I have no Special dietary needs

B) I have the following special dietary needs

Vegetarian Eggs Dairy Produce Vegan Other

Gluten Free Allergies (in particularly nut allergies)

**Please give full details of any special medical or dietary needs. (Continue on an additional sheet if necessary):**

………………………………………………………………………………………………………………………………………………

..............……………………………………..................................................................................................................................

**IMPORTANT**: Applicants 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, the organisers will only accept liability where the accident, loss or damage is caused by the negligence of their employees, agents or subcontractors.

3. I understand that insurance against cancellation, personal injury, loss or damage which is not caused by negligence of the organisers or its employees or Rotary International Great Britain & Ireland 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 Course 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 always during the activities evenings and overnight.

6. **I have an/no\*** objection to my son/daughter (or Child under my guardianship) having their photograph taken and used to publicise the activities of the RYLA course.

7. I understand the need to provide personal accident and personal effects insurance as Rotary do not provide such insurance.

8. Attendees are asked, for preference, not to bring mobile phones or other communications equipment to the RYLA course. If attendees choose to ignore this request, all mobile phones or other communication devices will be collected and stored for safe keeping prior to the first activity. They will be made available on request in an emergency or during the evening after all formal activities are concluded to enable the owner to contact close relatives. The equipment should be returned for safe keeping after use.

Signed by Parent/Guardian of Applicant **under 18 years**

……………………………………..………………………………….. Date……………………………….…………………

**\*Delete as appropriate**

# Section C Continued – Health and Dietary Requirements

# “Asthma Declaration Form”

# ASTHMA QUESTIONNAIRE AND DECLARATION

# TO BE COMPLETED BY ALL CANDIDATES WHO SUFFER FROM,

# OR HAVE SUFFERED FROM ASTHMA

SURNAME: ..................................………………… GIVEN NAME(S): ....................………....................................

**\*Delete as appropriate**

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 of 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 full details including dates.............................................................................................................

1. 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 …………………........................................................………………………………..

 **Declaration**

I fully understand that participating in outdoor activities is strenuous and 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 information, before arriving at the course, or if the change occurs during my stay at the RYLA Centre I undertake to advise the course coordinator.”

Signed: ………………………………………………….................................................................

Date ………………………………………………......................................................................

\*Countersigned ………………………………………………….................................…………

Date ……………………………………..…………………………..…………………...

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

**Section D – Details of Sponsoring Rotary Club**

**(Important --- MUST be completed in full)**

Rotary Club of ................................................................................................................................

Name of Club Contact …………..................................................................................................................

Address of Club Contact ................................................................................................................................

 ………………………………………………………………………………………..……

Postcode ……………………………………….. ………………………………..…………………

Telephone Numbers Daytime (if applicable) ……….........................................................................................

Home ....................................................................................................

Mobile (if applicable) ………………………………………..............................................

Email address ………………………………..……………………………….......................................................

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

Name ……………………………….. …..………………...........................

Telephone Numbers Daytime (if applicable) ……………..................................................................................

 Home …………………………................................................................

 Mobile (if applicable) …..……………….........................................................................

Email ……………….………………………………………………............................................................

**Please return the completed Applications form (Sections A – D and front sheet) together with a cheque (payable to “Rotary International District 1220”) for the full payment of £175.00, ASAP and in any case before 26th April 2019 to the Course Co-ordinator:**

Rotarian Dave Ashley, 27 Lowlands Road, Belper, Derbyshire, DE56 1HN

Contact Details: 01773 823357 (home)

07738 552178 (mobile)

District1220@virginmedia.com *(email) or dave.ashley782@hotmail.co.uk*

**NB. Sponsoring Rotary Clubs are responsible for financing their candidates for RYLA. It is imperative that payment is received by the Course Coordinator at the same time as receiving the completed Application forms.**

**Application Forms will not be processed until the full appropriate payment has been received by the co-ordinator, Rtn D. Ashley.**

***In order to ensure that the RYLA course provides the best possible opportunities for all students the District RYLA team have a lot of work to do once the Application Form has been received. Therefore please try to complete and return the Application Pack, with cheque, as early as possible. Please do not leave it till the closing date.***