



# November 15-16-17, 2024

Rotary Youth  
Leadership Awards  
2024  
Location:  
Hui o Laka  
Camp CCC in Koke'e



Calling all Kau'i High School  
Sophomores & Juniors!

### Benefits:

- Build Communication & Problem-solving skills
- Discover strategies to become a dynamic leader at school
- Unlock your potential to turn motivation into action
- Team Building & Connections!

Sponsored by



Rotary

Clubs on Kaua'i

To register contact email:  
[info@leadershipkauai.org](mailto:info@leadershipkauai.org)

Phone: 808-246-8727

For more info visit [www.rylakauai.org](http://www.rylakauai.org)

**Apply by  
November 1st.**







## What is RYLA?

40 sophomores and juniors will be selected to attend this leadership training camp led by Leadership Kaua'i and supervised by members of the Rotary Clubs of Kaua'i. Areas of training are effective communication, leadership practices & styles, problem-solving, team building and more in a fun relaxed retreat-like setting.

**Sign and Return**



**ROTARY YOUTH LEADERSHIP AWARDS CAMP  
Camp RYLA in Koke'e – November 15,16 & 17, 2024  
Applicant Information/Parental Release Form**

Please complete this form *legibly* and in black or dark blue ink.

Name \_\_\_\_\_ Nickname \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_ Facebook Page? \_\_\_\_\_

Are you an Interact Club member? \_\_\_\_\_ Unisex T Shirt Size \_\_\_\_\_

Name of RYLA leader or Rotarian who gave you this form: \_\_\_\_\_

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) camp with me (us) and I (we) give my (our) permission to apply for participation in this co-ed overnight RYLA program to be held on the dates checked above. 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 Rotary Club from D5000. I (we) further understand that my (our) child is expected to attend the full program and he/she will be transported to and from the camp in the busses provided. I (we) grant permission for the use of camp photographs of my (our) son/daughter by Rotary for RYLA publicity purposes. I hereby release Rotary District 5000, Maui Rotary clubs and all program staff from all liability, including payment for treatment for illness or accidents which may occur.

Signature of Parent/Guardian \_\_\_\_\_ PrintName \_\_\_\_\_

Emergency Phone Numbers: Cell Phone \_\_\_\_\_ Other \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ PrintName \_\_\_\_\_

Emergency Phone Numbers: Cell Phone \_\_\_\_\_ Other \_\_\_\_\_

**RETURN THE COMPLETED 3-PAGE APPLICATION TO: Char Ravelo.  
SCAN AND EMAIL TO: [exdir@leadershipkauai.org](mailto:exdir@leadershipkauai.org)**

**Deadline: November 1, 2024**



## ROTARY YOUTH LEADERSHIP AWARDS CAMP

### HEALTH INFORMATION & CONSENT FOR EMERGENCY TREATMENT

This 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)		

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I am of the opinion that my child can and may participate in the Rotary Youth Leadership Awards Camp (RYLA) to be held on the dates listed on the Application form. 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, Kauai 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**

### **2024 RYLA DAY PROGRAM - D5000 ROTARY CLUBS**

**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 Camp RYLA program checked on the Application form.

- 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 the area clean and orderly
- 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 arrive on time.
- The use of cell phones will not be permitted during the program except during break periods as designated by the staff. Cell phone reception is spotty to non.
- For Emergency call Hui o Laka office 808-335-9975 or Library 808-977-9386

Participants are expected to attend the full program, and if, for any reason, you know th at 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.

*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 the camp site and transporting them home as soon as requested.*

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

Signed (RYLA Participant) \_\_\_\_\_ Date \_\_\_\_\_

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

Signed (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

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

Phone numbers (Cell, Home, Work) \_\_\_\_\_



“Unfolded by the water are the faces of the flowers.” From *Olelo No`eau* by *Mary Pukui*

## Photo Release Form

I grant to Leadership Kaua`i, its representatives and employees the right to take photographs of me and my property in connection to Leadership Kaua`i programs and activities. I authorize Leadership Kaua`i, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Leadership Kaua`i may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, marketing campaigns, and Web content.

I have read and understand the above:

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Organization or School (as applicable)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature, parent or guardian (if under 18)

\_\_\_\_\_  
Printed Name, parent or guardian

**Rotary Youth Leadership Awards Camp  
Koke'e, Kauai, HI  
November 15-17, 2024**

**WHAT TO BRING**

**Key: Label all belongings!**

**Clothes** (Kokee can be cold at night, so bring appropriate clothing)

- q 2 pair jeans/sweatpants
- q 2 pairs of socks
- q 4 t-shirts
- q 1 jacket/sweatshirt
- q Hats
- q 4 pairs of undergarments
- q closed toed shoes required – sneakers
- q Poncho or rain jacket in case of rain
- q 1 pair of garden work gloves – if you have them
- q Pajamas

**Personal Stuff / Hygiene Kit / Toiletries**

- q Shampoo, soap & deodorant
  - q Toothbrush, paste & contact lens solution
  - q Bath towel/wash cloth
  - q Water bottle
  - q Sunscreen, insect repellent, feminine products, reusable water bottle
- (RYLA does not distribute aspirin, pain relief pills or over the counter drugs, please bring what your parents allow you to consume.)

**Sleeping Gear**

- q Sleeping bag or bedroll
- q Pillow & pillowcase
- q Flashlight with new batteries

**Optional**

- q Musical instruments (please share your talents!)
- q Phone (will be collected during the sessions)

**Kapu (leave at home)**

- q Snacks (unless you can provide for entire Ohana)
- q Audio/Video components
- q Electronic games, pocket/palm pilots, laptops etc.
- q Heirloom jewelry (no need for fancy stuff), money, cash (nothing to buy)
- q Don't wear jewelry. No sharp objects in pockets.
- q Long hair must be tied back