ROTARY INTERNATIONAL DISTRICT 7545
ROTARY YOUTH LEADERSHIP AWARDS
MAY 8 - 10, 2020
JACKSON'S MILL STATE 4-H CAMP

INSTRUCTIONS FOR PARTICIPANTS

Congratulations on being chosen to participate in the 2020 Rotary Youth Leadership Awards. Your selection to participate in this conference is an indication that someone has identified you as a person possessing outstanding leadership skills who would benefit from further discussion and instruction to develop those skills. You should be proud of your accomplishments and come to this conference with an open mind, ready to absorb a great deal of information from community leaders, meet students from around the world, participate in projects with your peers from across West Virginia, and have fun.

Registration will run from 4:00pm to 5:15pm on Friday, May 8, 2020. If you arrive after 5:15pm we will not be at the Registration Office. You can look for us in the Dining Hall or the Assembly Hall. Dinner will be served at 5:30pm. Please make certain that you complete the registration forms and return them to your local Rotary Club as soon as possible.

NOTE: We will be holding a talent show on Saturday night, May 9. If you have a special talent, please come prepared to share with the other participants and bring any instrument, etc. which you might need. There will be a piano available.

Pack casual clothes, including something that you would wear in the event the weather permits outdoor activities. Bring a jacket in case of cold weather. Pack all your personal articles, including soap, shampoo, bath towel, wash cloth, and hair dryer (if needed). Jackson's Mill will provide sheets, wool blankets, pillows and cases.

When you register at Jackson's Mill, you will be assigned a room. We will have a separate desk for registration. The conference will conclude at 10:00 a.m. on Sunday.

If you have any questions, please contact:

Dennis M. Shreve, District Chair
117 Vermont Avenue
Clarksburg, WV 26301
(304-622-3161) Home
(304-669-9666) Cell
Dmshreve12@gmail.com

***DIRECTIONS TO JACKSON'S MILL*:**

FROM NORTH OF WESTON, WV:
Take I-79S to Exit 105. Follow Route 19S approximately 7 miles to the Hickory House Restaurant. Turn right on Jackson's Mill Road. *** Follow directions below "FROM JACKSON'S MILL ROAD".**

FROM SOUTH OF WESTON, WV:
Take 1-79N to Exit 99. Follow Route 33/119W through Weston. Make a right at the 3rd stoplight to Route 19N. Take 19N for approximately 2 miles to the Hickory House Restaurant. Turn left on Jackson's Mill Road. *** Follow directions below "FROM JACKSON'S MILL ROAD".**

***FROM JACKSON'S MILL ROAD:**
Follow Jackson's Mill Road approximately 2.5 miles to Jackson's Mill. Enter through the 2nd or 3rd gate after the bridge. Go to the Registration Office across from the Dining Hall.

ROTARY INTERNATIONAL DISTRICT 7545

Rotary Youth Leadership Awards

PARENTAL CONSENT, RELEASE AND STATEMENT OF RESPONSIBILITY FOR ROTARY YOUTH LEADERSHIP AWARDS-TO BE HELD AT JACKSON'S MILL, WESTON, WV MAY 8 - 10, 2020.

CONSENT AND RELEASE

I, as the parent or legal guardian of _____, hereby grant permission for him/her to participate in the Rotary Youth Leadership Awards (RYLA) Conference to be held on the dates first mentioned above and for good and sufficient consideration, I hereby release Rotary International and ROTARY INTERNATIONAL DISTRICT 7545 and their officers, directors, members and all participants in said conference of any and all liability and responsibility and shall indemnify and hold them harmless against all claims of every nature and character, including but not limited to injury, loss or damages and for all costs and attorney's fees arising out of and in any way connected with the RYLA Conference.

Date: _____

Signatures: _____ _____ _____

Father Mother Guardian

STATEMENT OF RESPONSIBILITY

By reason of my being accepted as a participant in the RYLA Conference, I do solemnly declare that I will actively participate in the RYLA Conference as an educational and exchange experience for the benefit of all in attendance, and I will not for the duration of the conference consume any alcoholic beverages, use or carry drugs of any type or kind (excluding prescription medicines), be involved in any immoral act or situation, or create or engage in any disruptive situation and will obey all reasonable requests and rules of Rotary and the conference.

Date: _____

Signature of the RYLA Participant: _____

By virtue of my son's/daughter's statement of responsibility above, I agree that Rotary shall have the right to terminate his/her participation in the conference by causing him/her to return home prematurely, at my expense, upon his/her violation of his/her promise. I further agree to trust the good judgement of Rotary if such a decision needs to be made.

Date: _____

Signatures: _____ _____ _____

Father Mother Guardian

ROTARY YOUTH LEADERSHIP AWARDS (RYLA) 2020
EMERGENCY MEDICAL TREATMENT AND PERMISSION FORM

PARTICIPANT'S NAME (STUDENT)_____ ____**MALE** ____**FEMALE**

NICKNAME (IF ANY): _____ **SCHOOL YOU ATTEND:** _____

HOME STREET ADDRESS: _____

CITY:_____ **STATE:** _____ **ZIP** _____

PARTICIPANT'S EMAIL ADDRESS: _____

PARENTS'/GUARDIAN'S NAME: _____

TELEPHONE NUMBERS:
MOTHER'S CELL: _____**FATHER'S CELL:**_____

GUARDIAN'S CELL:_____**PARTICIPANT'S CELL:**_____

HOME PHONE: _____**MOTHER'S WORK#:**_____

FATHER'S WORK #: _____ **OTHER NUMBER:** _____

DOES THE PARTICIPANT HAVE ANY FOOD, DRUG OR OTHER ALLERGIES? ☐ **YES** ☐ **NO**

IF YES, PLEASE EXPLAIN IN DETAIL: _____

_____

_____

HAS THE PARTICIPANT HAD A TETANUS SHOT? ☐ **YES** ☐ **NO** **WHEN?**_____

BLOOD TYPE: _____ **FAMILY PHYSICIAN:** _____

MEDICINES BEING TAKEN: _____

INSURANCE COMPANY: _____ **POLICY #** _____

IDENTIFICATION # _____**GROUP #** _____

ANY OTHER INSTRUCTIONS: _____

_____

_____

FOR THE PARENT OR GUARDIAN: I hereby grant permission for the above student identified as the participant to participate in the RYLA Conference May 8 -10, 2020. In the event of an accident or medical illness, permission is granted for any such medical and/or surgical treatment as may be necessary. Every effort will be made to notify me before any major treatment is undertaken.

Date: _____

SIGNATURES:

_____
FATHER

_____
MOTHER

_____
LEGAL GUARDIAN