



Rotary Youth Leadership Awards in District 1100

Forms 3 & 4. – MEDICAL INFORMATION AND AGREEMENTS

Congratulations on being selected to represent the Rotary Club of
as our candidate / reserve. We need this information to help keep you safe, please declare all
of your medical issues so that we can make reasonable adjustments to support you during the
course. This information is and will be kept confidential.

YOUR NAME:

Age on the start date of the RYLA programme Yrs Mths

MEDICAL DECLARATION (delete as required)

Name of Family Doctor.....Doctor's tel no:

Are you allergic to penicillin? *Yes / No / Don't know*

I may be given standard pain relief. Paracetamol: Ibuprofen Yes / No

Do you know of any other allergies from which you suffer? Yes / No

If yes, what are they

Are you taking any prescribed medication Yes / No If yes, what is the medication?.....

PRESCRIBED MEDICATION MUST BE DECLARED TO THE COURSE FACILITATOR ON ARRIVAL AT COURSE

Do you have any dietary requirements? Yes / No. If yes, what are they?.....

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Can you swim 50 metres? Yes / No

Is there any other medical information, mental or physical which you think we should know
about Yes / No. If yes please give details

.....

Have you suffered from any of the following ?	Fractures or ligament damage	Y / N	Raised blood pressure	Y / N	Migraines or other severe headaches	Y / N
Tuberculosis Y / N	Asthma	Y / N	Hay fever	Y / N	Bronchitis	Y / N
Epilepsy Y / N	Heart trouble	Y / N	Back problems	Y / N	Diabetes	Y / N

If you have answered yes in any of the above boxes, please give details, for example when this occurred, the level of severity and any concerns that you might have. This information will be used to keep you and others safe.

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RYLA SHIRT

What sized RYLA polo shirt would you like? Small / Medium / Large / Extra Large

INSURANCE:

You are applying to participate in this RYLA course and understand that the Dean Field Studies Centre and Grass Routes carry mandatory insurance and that Rotary District 1100 are also covered by Public Liability Insurance. This is not an insurance against loss of personal possessions or injury, unless negligence is proved against the Centre or Grass Routes.

YOUR COMMITMENT

PLEASE UNDERSTAND THAT TO MAINTAIN A POSITIVE LEARNING ENVIRONMENT THAT IS SAFE AND FUN, ALL RYLA PARTICIPANTS MUST ABIDE BY SOME COMMON SENSE "RULES".

In signing the agreement below, I indicate that I have read the "rules", that I have understood them and I am committed to them all. I know that I may be asked to leave the programme if I breach these rules, or if my actions are deemed inappropriate or unsafe. In this case, my parents or guardians would be informed and requested to collect me without delay.

I appreciate that the first priority of "Grass Routes" (Rotary's chosen facilitator) and the Dean Field Studies Centre (Rotary's chosen venue) is the well-being and safety of everyone involved. I am aware that the RYLA programme is open to male and female young people and that Rotary does not discriminate between colour, creed or sexual orientation, and welcomes participants from all social backgrounds.

RULES: There will be.....

- NO DRUGS (except prescribed medicines declared on my "Medical Declaration"
- NO ALCOHOL
- NO BULLYING (Whether physical, verbal or emotional)
- NO SEXIST OR RACIST BEHAVIOUR

I recognise that this course takes place during the summer holiday period. If selected, I will arrange my personal affairs to ensure my attendance. I will be part of a team. I understand that it is a condition of acceptance that I will be able to attend for the whole of the course, i.e. Tuesday to Sunday including the end of course presentation and buffet.

If, for any genuine reason I am unable to attend, I will advise my sponsoring Rotary Club without delay, so that another person can benefit from the experience.

I have read the rules and agree to the above commitments

Signed (You the candidate!).....Date.....

PARENTAL CONSENT

To be filled in by the Parent/Guardian of the candidate

Parent/Guardian name.....

Emergency Contact nos: Work no:Alternative no.....

Home Tel no:(please include codes)

I the parent / guardian of the RYLA candidate named above, by signing below, give my consent for the above named to participate in any activity arranged and run by qualified Grass Routes instructors and The Dean Field Studies Centre staff. I agree to delegate my authority to the staff and instructors. Staff and instructors may take whatever action they deem necessary to ensure the well being and successful conduct of the RYLA participants as a group, or individually, in the activities concerned. I understand the Grass Routes and Dean Field Studies Centre carry mandatory Insurance. The Centre is licensed by the Adventurous Activities Licensing Authority to provide climbing and caving, water based and ropes course activities. All Grass Routes and Dean Field Studies Centre staff are qualified instructors; they hold First Aid Certificates and have been Disclosure and Baring checked.

I have no objection to photographs or video being taken during the course. I understand selected photographs may be used on the Rotary District 1100 website and may be used in promotional material.

If, for any genuine reason your son or daughter are unable to attend, I will advise my sponsoring Rotary Club without delay, so that another person can benefit from the experience.

I am the named person to be called, should the need arise.

Signed (Parent / Guardian).....

FORM 4 – PERSONAL ACTION PLAN

Now that you have been selected as a RYLA participant, your sponsoring Rotary Club, will help you complete this Personal Action Plan to make sure that you get the best out of the opportunity to meet your personal objectives.

The Rotary Club which is sponsoring you will keep in touch with you to hear about your achievements after the course is over and help you further afterwards.

Your name

OBJECTIVES

Please think carefully about the two objectives that you would like to work towards or achieve during your RYLA course. Simple is good. Brief is good. But be SMART

Specific - e.g. I want to be able to look people in the eye when I talk

Measurable - set yourself a goal such that you can tell whether or not you have achieved it

Achievable - Everest might not be possible at this point

Relevant – Goals that are appropriate and can be achieved at the RYLA course

Time bound - Set yourself a time limit otherwise you'll lose your enthusiasm for it.

Use a maximum of 15 words to cover each objective

Objective 1

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.....

Objective 2

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Please send copies of all forms to:

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