



Rotary Youth Leadership Award

APPLICATION FORM

Rotary District 1220



TO BE COMPLETED IN FULL BY THE CANDIDATE AND HANDED BACK TO THE SPONSORING CLUB FOR REGISTRATION WITH DISTRICT RYLA CO-ORDINATOR

INDIVIDUAL APPLICATION FORM
Please return pages 2 & 3, 4 (if applicable) and 5

Rotary Youth Leadership Award Course: 12th – 14th November 2010

Candidate from the Rotary Club of _____ PLEASE COMPLETE IN BLOCK CAPITALS

Surname..... First Name(s).....

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

Home address.....

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

Daytime Telephone No:.....Evening Telephone No.....

Mobile Telephone No:.....E-mail.....

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

.....

.....

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

<u>Type of course</u>	<u>Dates</u>	<u>Activity</u>
.....
.....

Health - Details of any medical condition or recent illness, which might affect your physical performance (eg asthma, epilepsy, diabetes):

.....

(If asthmatic please see additional medical form attached)

Details of any medicines or tablets being taken:

.....



Health continued.....

Name and address and telephone number of family doctor :
.....

If applicable please complete the following sections:

Details of special diet - Please tick as appropriate:

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.

TO BE SIGNED BY PARENT OR GUARDIAN OF UNDER 18s and APPLICANTS OVER 18

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 (eg 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.

Signed by Applicant..... .Date.....

Signed by Parent/Guardian..... .Date.....



ROTARY YOUTH LEADERSHIP AWARD - 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 the health declaration? ***YES/NO**.

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 less than 18 years of age)



CONTACT IN ROTARY CLUB

Rotary Club of

Name.....

Address.....

...

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

Tel No.....(Work).....(Home)

.....(Mobile)

Fax No.....

E-mail.....

Closing Date is 12th October 2010

Please send your completed form via your Rotary Contact as soon as possible to Rtn Kim Armstrong, 32 Bestwood Lodge Drive, Arnold, Nottingham, via your Rotary Contact.

NG5-8NE Tel 0115 8548078, 0115 9249924 ext 62399 07833475108

