

INSTRUCTIONS FOR COMPLETING AND SUBMITTING RYLA 2020 APPLICATION

There are three (3) pages of the application, which follow these instructions on this form. Note that all “greyed” items are REQUIRED to be filled. Failure to do so will not allow the form to be printed for signatures.

Place your mouse pointer over each item on the registration forms to see what is required on that particular item. There will be a small pop-up that will tell you.

After all items are completed (except signatures), click the “Print for Signatures” button at the bottom of the last page of the forms.

If all items are not filled in/completed, you will be prompted as so ... Please scroll up and check for items that need completed, do so, and then go to the bottom of the form again to “Print for Signatures”

I recommend printing two copies one to send, and one to keep.

SIGNATURES AS FOLLOWS:

REGISTRATION FORM

SIGNATURE OF STUDENT
SIGNATURE OF PARENT/GUARDIAN

EMERGENCY MEDICAL TREATMENT FORM

SIGNATURE OF PARENT/GUARDIAN

WAIVER & RELEASE OF LIABILITY

SIGNATURE OF STUDENT
SIGNATURE OF PARENT/GUARDIAN

After signatures, please send completed registration forms and check to the RYLA Registrar at:

R. Jean Jumper
240 E. Vandalia Rd
South Jacksonville, IL 62650

QUESTIONS:

Please Contact the District 6460 RYLA Chair

Cathy Jo Littleton-Wahl

Phone: (217)883-1155

Email: wahlcathy@gmail.com



REGISTRATION FORM
 Rotary District 6460 Youth Leadership Academy
 April 17-19, 2020
 Lake Williamson – Carlinville, IL

PLEASE TYPE OR PRINT LEGIBLY

Name: _____ M !!! F T-Shirt Size: S M L XL XXL

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Student Home Phone: _____ Student Cell Phone: _____

Student E-mail: _____ High School: _____ Grade: _____
(Please do not list school e-mail. They often block outside e-mail.)

Sponsoring Rotary Club: _____ Interact Memb: Y !!! N

Rotary Contact: _____ Rotary Contact #: _____

Emergency Contact: _____ Emergency Contact #: _____

Person Responsible for Your Transportation (including #): _____

Parental Permission and Web Release:

_____(Student) has my permission to participate in the RYLA Academy. I understand that neither Rotary International, Rotary District 6460, the sponsoring Rotary Club, nor Lake Williamson shall be, in case or under any circumstances, liable for any illness, injury, or damage/loss of property incurred by the student during the program. It is also understood that the student will attend the entire weekend program.

I also understand that photographs taken and written materials collected during RYLA may be used to promote future RYLA events in Rotary publications, press releases, business meetings, and websites.

 Signature of Student _____ Date

 Signature of Parent/ Guardian _____ Date

 Please print name of Parent/Guardian

EARLY REGISTRATION IS \$225 PER STUDENT MUST BE POSTMARKED BY MARCH 20, 2020
LATE REGISTRATION FEE (POSTMARKED AFTER MARCH 20) IS \$250 PER STUDENT

PAYMENT:
CHECK (ONLY): Made payable to **Rotary District 6460.**

MAIL CHECK (and completed form if completed offline) to: R. Jean Jumper, 240 E. Vandalia Rd., South Jacksonville, IL 62650

FAX or e-mail completed form to Jean Jumper@ (217)245-2901 or jumper99@mchsi.com noting check to follow.

QUESTIONS: Contact Cathy Jo Littleton-Wahl at (217)883-1155 or wahlcathy@gmail.com

CONFIRMATIONS with all needed weekend information will be sent to applicants.

Emergency Medical Treatment Form

I, _____, of the county of _____
in the state of Illinois, do hereby declare that I am the natural parent or legal guardian having legal
custody of the following minor _____,
Age _____, born on _____, who resides with me at the following
street address: _____.

I authorize the following adult Cathy Jo Littleton-Wahl,
who resides at the following address: 2140 Strawn Crossing Road, Jacksonville, IL 62650,
in the county of Morgan, in the state of Illinois,
to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and
hospital care, to be rendered to the above mentioned minor under the general or special supervision
and on the advice of and physician or surgeon licensed to practice in the state of
Illinois, when medical or surgical treatment is necessary.

Parent's Physician: _____

Minor's Allergies (If None, State NONE): _____

Medication minor is currently taking (If None, State NONE): _____

Date of minor's last tetanus shot (If Unknown, State UNK): _____

Signed: _____

Dated: _____

Expiration Date: _____



Waiver and Release of Liability

The programs of Lake Williamson’s Eagle Crest Adventures—including high ropes, team initiatives, caving, and outdoor education—offer participants the opportunity for individual and group growth. The very nature of these programs carry an inherent risk of injury, both minor and serious. Emotional risks include, but are not limited to fear, embarrassment, crying, and anger. Physical risk is also an inherent part of these programs. Common injuries include bumps, bruises, cuts, scrapes, and rope burns. Falls, missteps, tripping, and slipping may result in sprains, broken bones, and damage to back, neck, or other parts of the body. Activities that require physical lifting may result in back injuries or muscle strain. Caving programs carry the additional risk of injury and death from falling, rock fall, entrapment, and drowning.

In signing this document you agree:

1. You understand participation in Eagle Crest Adventures programs carries risk of minor and major emotional and physical injury. You understand it is not possible for this release to list all possible risk. You understand these risks can result in long-term, health-related issues, permanent disability, loss of work, loss of wages, and even death. You take upon yourself all physical, emotional and financial risk stemming from participation. You understand that at any time you have the right to decline participation.
2. You understand that with some pre-existing medical conditions strenuous activities may not be recommended. You understand that if you have questions regarding your physical health or a pre-existing medical condition, it is your responsibility to consult with your physician to determine your level of participation. You understand Lake Williamson staff and volunteers are not qualified to make medical assessments regarding participation.
3. You understand that alcohol and drug usage (both illegal and prescription drugs) can increase these risks, and you agree to not participate if you are under the influence of any substance, both legal and illegal.
4. You understand that pregnant women should not participate in Eagle Crest Adventure programs.
5. In case of injury, you agree to release, waive, discharge, hold harmless, defend, and indemnify any person providing initial first aid treatment. When you are unable to make medical decisions, you grant permission for Lake Williamson staff and volunteers to arrange medical transportation to a hospital and to convey any known medical information to professional medical staff.
6. Because you willing take these risks upon yourself, you waive your right to seek any financial compensation from Lake Williamson Christian Center and the Illinois District Council Assemblies of God, its directors, officers, staff, and facilitators (including all full-time and part-time employees and volunteers) from any and all claims, actions, or losses which may arise from participation, even claims that are considered “negligent.” Such financial compensation includes, but is not limited to, medical bills (including hospitalization, doctor visits, physical therapy and long-term disability), loss of wages, loss of personal property, and legal claims.
7. You, on behalf of yourself, your personal representatives, your dependents and your descendents, voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify Lake Williamson Christian Center, the Illinois District Council Assemblies of God, its directors, officers, staff, and facilitators from any and all claims, actions, or losses which may arise from participation.
8. If, after *clearly waiving your rights* to seek financial compensation stemming from participation, you, your personal representatives, your relatives, your dependents or your descendents pursue legal action, you agree:
 - a. All legal filings must take place in the jurisdiction of Macoupin County in the state of Illinois. No filings may take place outside of this jurisdiction.
 - b. This document can be presented in court showing that you *willingly* took upon yourself any and all risks involved and *willingly* waived the right to pursue financial compensation stemming from participation.
 - c. You agree the court can only throw out the clause or line that they find offensive, not the entire document.
 - d. You, your personal representatives, your dependents or your descendents are responsible for all fees (including, but not limited to legal expenses) occurred by Lake Williamson Christian Center, the Illinois District Council Assemblies of God, its directors, officers, staff, and facilitators in defending against all claims.

In consideration of my participation in the Eagle Crest Adventures programs of Lake Williamson Christian Center, I, on behalf of myself, my personal representatives, my relatives, my dependents and my descendents, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify Lake Williamson Christian Center and the Illinois District Council Assemblies of God, its directors, officers, staff, and facilitators from any and all claims, actions, or losses which may arise out of my participation in this event.

I agree to follow the instructions of Eagle Crest Adventures staff. I understand Eagle Crest Adventures staff retain the right to revoke permission granted to participate in the event and may terminate my participation at any time for any reason.

I grant permission for photos and videos taken of me during my participation to be used for Lake Williamson promotion.

I have read and understood this waiver. I sign it willingly and assume all risk from my participation.

Signature (Student): _____ Date: _____ Group: RYLA - Rotary

Print Name: _____ Signature of Parent (If under age 18): _____