



Teen Leadership Camp

Rotary District 5300

December 2 - 4, 2016

Rotarian/Adult Registration & Consent for Participation & Medical Treatment

FACILITATOR APPLICATION

Please print legibly or type. PLEASE COMPLETE ALL ITEMS Do not leave any fields blank, if the answer is none please indicate none.

Rotarian/Adult Name:		Name for Badge:		Circle T-Shirt Size: S, M, L, XL, XXL, XXXL	
Address:			Sex:	Date of Birth:	Age:
City:			State:	ZIP:	
Spouse/Significant Other's Name:			Spouse/Significant Other's Phone: ()		
Spouse/Significant Other's Address (if different from above):					
Alternate Contact Name:			Alt. Phone Number: ()		
Name of Medical Insurance Company:			Policy Number:		
Physician's Name:			Phone Number: ()		
School Name:			Phone Number: ()		
Rotarian/Adult Email Address:			Spouse/Significant Other's Email Address:		
Please list any problems, allergies or medical conditions of which we should be aware: Are you allergic to insect stings, do you have an insect sting kit (e.g. EppiPen)? Any food allergies?					
Please list any prescription medications, with dosage and frequency, which the student is using or might need:					
RETURN BY: October 31, 2016					

Name of Rotarian: _____

HOST PARENTAL/GUARDIAN AUTHORIZATION; I do voluntarily consent to said minor's participation in all activities of the Teen Leadership Camp (TLC) to be held at Camp Cedar Crest December 2-4, 2016. I understand that this leadership camp could involve physical activities including elevated rope apparatus high off the ground. Although these activities are well supervised there is always an inherent risk of physical injury to the participant and I'm willing to participate.

Initial: _____

MEDICAL TREATMENT RELEASE: *I assume responsibility for any medical or treatment/transport fees or costs incurred directly or indirectly because of said minor's participation. I also authorize the representative(s) of Rotary District 5300, and Camp Cedar Crest to arrange for professional care and treatment in case of medical emergency. I hereby give permission to the physician selected by the Rotarian(s) or Camp Cedar Crest to hospitalize secure professional treatment for and/or to order injections, anesthesia and/or surgery for me whois named above.*

Initial: _____

INDEMNIFICATION/HOLD HARMLESS: *In consideration of the Rotary Club, Rotary District 5300 and Camp Cedar Crest, I am willing to participate in Teen Leadership (T.L.C.) and to engage in all activities related to the weekends program. I hereby assume the risk associated with participation & agree to hold the Rotary Club, Rotary District 5300, and Camp Cedar Crest, it's committees, employees, agents, & representatives, & volunteers harmless from any & all liabilities, actions, causes of action, claims or demand of any kind & nature whatsoever which may arise by or in connection with said participation in any activities related to the Teen Leadership (T.L.C.). The terms here shall serve as a release & the assumption of the risk for me, my heirs, estate, executor, administrator, and assignees as well as members of the family.*

Initial: _____

I also take full responsibility for any valuables that the above named participant takes to this camp, that could get lost or stolen and I am fully aware I have been advised that said minor should not bring any valuables. I hereby give permission for Rotary to post pictures of said minor participating in this event in Rotary publications including on it's websites, social media, presentations, etc..

Initial: _____

I also take full responsibility for any valuables that I may take to this camp, that could get lost or stolen and I'm fully aware I have been advised that I should not bring any valuables. I hereby give permission for Rotary to post pictures of said myself participating in this event in Rotary publications including on its websites, social media, presentations, etc.

Initial: _____

A photocopy of this form is as valid as the original.

Initial: _____

I understand the commitment that goes along with the selection to participate in the Teen Leadership Camp (T.L.C.) weekend to be held on the weekend of December 2-4, 2016. I will attend the entire T.L.C. weekend.

YOUTH PROTECTION/BACKGROUND CHECKS: *As a Rotarian/Adult participating in this Teen Leadership Camp (T.L.C.), you will be working directly with youth at and under the age of 18. As such for the safety of the youth we serve, ALL ROTARIANS/ADULTS must have an active Youth Protection Training (YPT) certification they are willing to provide with this registration And willingly agree to have your background checked by our event protection officer PDG Tom Novotny Youth Protection Training will be held online in the weeks leading up to this event. It is strongly recommended that each Rotarian/Adult search their files and ascertain if they have a current YPT certificate prior to this event. If you believe you're current and do not have the certificate please contact your Rotary District Youth Protection Officer (YPO) for replacement documentation if you have any questions regarding Youth Protection Training and/or background checks, please contact PDG Tom Novotny at (702) 274-0660.*

Initial: _____

*If, for religious reasons, you cannot sign the above consent, please sign below as a waiver of responsibility on behalf of Rotary District 5300 and Camp Cedar Crest and all individual Rotarians.
I understand the commitment that goes along with the selection to participate in the Rotary Teen Leadership Camp (TLC) to be held on the weekend of December 2-4, 2016. I will attend the orientation meeting, Rotary club meeting and the entire Rotary Teen Leadership Camp.*

Applicant's Name:

Signature:

Date: