



District 7450 RYLA Conference

February 19-21, 2010

Freedoms Foundation

Valley Forge, PA

Program Registration Packet

Rotarians' Copy

RYLA Program Registration Packet

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District 7450 RYLA Conference
February 19-21, 2010
Freedoms Foundation, Valley Forge, PA

December 3, 2009

Dear Club President:

For the twelfth year our District is sponsoring a RYLA Conference. This is a wonderful opportunity to provide leadership training to deserving young people in your club's area.

RYLA is an overnight program. Please refer to the FAQ sheet for more specific information. You can also refer to the preliminary agenda to get an idea of the schedule for the weekend.

It is time to select students! Participants must be high school juniors or seniors. If your club is hosting a Youth Exchange Student, send him/her! If your club sponsors an Interact Club, look to their members! *Remember - this is one of the few programs that the children of Rotarians can attend.* Look to your club members for a student you might sponsor!

The fee will be **\$240 per student for the first two** each club sends and **\$220 for additional students** sponsored by that club. Please make checks payable to Rotary District 7450. If possible, we would appreciate all clubs sending at least one or two students to this very valuable experience. **The registration deadline is January 30, 2010.**

All application and program materials are included in this packet and are also available for download from the District Web Page, www.rotary7450.org.

To register students please follow this three step procedure.

STEP #1: Please return the **completed** student registration form in WORD document format as an e-mail attachment to lvitiello@chestercommunitycharter.org

STEP #2: Mail the registration fee along with student name(s) by the deadline to: Louise V. Burroughs, 342 West Brookhaven Road, Brookhaven, PA 19015.

STEP #3: Have students and their parent/guardian complete and sign Freedoms Foundation Medical form and bring it with them to RYLA.

Additionally, we will need Rotarians to volunteer as chaperones and activity co-leaders throughout the weekend. Please contact me if you might be available to help.

Please let me know if you have any questions!

Yours in Service,

Al J. Marland
District 7450 Governor

What is RYLA?

Frequently Asked Questions!

What is RYLA? Rotary Youth Leadership Awards. This **leadership training program** was adopted in 1971 by RI and each year thousands of young people take part in a RYLA conference worldwide. This is the **twelfth year** that Rotary District 7450 has held a RYLA conference.

Where is RYLA being held? The conference is held at Freedoms Foundation in Valley Forge.

Where do the students stay? Freedoms Foundation has dormitories on site. There are separate dorms for males and females. Freedoms Foundation staff plus Rotary chaperones will be staying overnight in both dorms.

What is the program at the conference? The program is a combination of leadership training, team building, motivation, and living history lessons. A preliminary weekend agenda follows.

Can participants leave during the program for other activities and return later? No. It is expected that the student will attend the **entire** program from Friday evening to Sunday noon.

Who is eligible to attend the conference? High school juniors and seniors are eligible to attend. We have a number of students ask to attend a *second* time, but they can only attend once. Sorry!

What do participants need to take with them? Enthusiasm, energy, a desire to learn and to meet new people. A list of “What to Bring” follows.

What do past participants say about the program?

- “I really enjoyed the program and had a great time... and I made many new friends.”
- “My overall experience was awesome.”
- “I really had a great time and learned a lot about myself.”
- “I had a really great experience with you all and I know other young people will feel the same way.”
- “I found this weekend to be informative, fun and very educational. There can always be improvement on leadership, and I feel this greatly improved my skills.”
- “I think that this weekend was fun. I learned a lot and met new people. I think it is always good to be able to hear different points of view. I am glad I was chosen to come.”
- “Best motivational speaker I’ve ever heard.”
- “Very interesting agenda. Tasks were different than I have seen at any other conference...it was an enjoyable experience, thanks.”
- “Wow!”

How do I get more information? All application and program materials are also available on the District Web Page at www.rotary7450.org

District RYLA Conference

Preliminary Agenda *

February 19 – 21, 2010

*Some of the activities may be changed but the overall program structure will be a lot like this:

Friday

5:00 PM	Registration
7:00 PM	Dinner
8:00 PM	Orientation
8:30 PM	Ice breakers
9:00 PM	Small group introductions
10:00 PM	Committee explanation and meetings
10:30 PM	Ice cream social
11:00 PM	Dorms
11:30 PM	Lights out

Saturday

7:00 AM	Wake up
8:00 AM	Breakfast
8:45 AM	News committee
9:00 AM	Morning energizers
9:15 AM	Leadership workshops
	<ul style="list-style-type: none">• Myers-Briggs Type Indicator• Leadership rummy• Compromise: Lost at Sea• Trust activities: All Aboard & Trust walk• Communications: K'Nex
12:15 PM	Lunch
1:00 PM	Rotary speaker
2:00 PM	Free Enterprise Challenge
4:00 PM	Break
5:00 PM	Committee meetings
6:00 PM	Dinner
7:00 PM	Keynote speaker
8:00 PM	Signers Ceremony
9:00 PM	Talent show
10:00 PM	S'mores
11:00 PM	Dorms
11:30 PM	Lights out

Sunday

7:00 AM	Wake up
8:00 AM	Flag ceremony
8:15 AM	Breakfast
9:00 AM	News committee
9:15 AM	Morning Energizers
9:30 AM	Non-denominational Chapel Service
10:00 AM	Rotary Speaker
11:00 AM	Awards Ceremony
12 Noon	Lunch
1:00 PM	Return home

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February 19-21, 2010

Freedoms Foundation, Valley Forge, PA

What to bring and other last minute details

- Registration is in the lobby of the Martha Washington Building. Please plan on arriving between 5:00 p.m. and 6:30 p.m. on Friday.
- Attire is casual for most of the weekend, although on Saturday night we prefer that you get dressed-up for dinner (sports jacket not required).
- After you arrive on Friday you are NOT permitted to leave the conference and return; you must stay for the entire program. Departure is after lunch on Sunday, around 12:30 p.m.
- If you drive your own car to Valley Forge, the keys will be held for you and returned at departure on Sunday.
- You must bring the 2-page Student Medical Forms with you (unless you sent it in with your registration) SIGNED BY PARENT or GUARDIAN.
- Bring a camera, enthusiasm, energy, a desire to learn, and a willingness to make new friends.

OPTIONAL:

- Anything you might need for the Talent Show, e.g., musical instrument, sheet music, lyrics, props, costumes

NOTE: the Freedoms Foundation will provide all sheets, towels, and soap; therefore, you do not need to bring any of these items.

- Don't forget your toothbrush!



Directions to the Freedoms Foundation
1601 Valley Forge Road
Valley Forge, PA 19482-0706

From Pennsylvania Turnpike

Depart the turnpike at **Exit 326 (King of Prussia-Valley Forge)**. After the toll booth, take the first immediate right exit, "**Valley Forge National Historical Park**." Follow past the Valley Forge Convention Center and continue on Route 23 West through Valley Forge National Historical Park. At the next traffic light (Route 252), proceed straight through on Route 23 **West**. Approximately one mile on your right at the top of the hill (where a large American flag is located) is the entrance to the Freedoms Foundation. Proceed to the Martha Washington Building for registration.

From I-95 and I-76

From I-95, take Route 676 West (Vine Street). This exit is located near the Benjamin Franklin Bridge or Center City Philadelphia. Stay on Route **676 West** which turns into Route **76 West (Valley Forge)**. Take this highway for approximately 18 miles until the **West Chester exit (Route 202 South)**. Proceed on Route 202 South to the Devon exit.

At light (**Route 252**), make a right. Proceed on Route 252 through the Park until Route 23. At light, make a left on to **Route 23 West**. Approximately one mile on your right at the top of the hill (where a large American flag is located) is the entrance to the Freedoms Foundation. Proceed to the Martha Washington Building for registration. If you should have any questions about directions, you may call our contact person, Caroline Santangelo, Director of Educational Programs. Her phone numbers are:

610-933-8825, ext. 234
800-896-5488, ext. 234
610-212-2792 (Caroline's cell)
610-960-3357 (Jason Raia's cell)



**RYLA Registration Instructions &
Related Notes for Clubs
Registration Deadline: January 30, 2010**



□ **STUDENT REGISTRATION**

○ **STEP I: Complete Student Registration Form**

- The Student Registration Form is available in this packet and for download through the link to RYLA under the Rotary Youth section on the District web page at www.rotary7450.org
- Please download the registration form, complete the three sections of the form, save it as a Word document, and send it as an e-mail attachment to:
lvitiello@chestercommunitycharter.org
- **REQUIRED INFORMATION:** Please be sure that all sections of the form are complete including the **sponsoring club contact information** at the bottom of the form

○ **STEP II: Payment**

- Please make checks payable to Rotary District 7450.
- The fee is \$230.00 per student.
- Mail the students' name(s) and registration fee(s) to:

**Louise V. Burroughs
342 W Brookhaven Road
Brookhaven, PA 19015**

○ **STEP III: Student Medical Information**

- The Freedoms Foundation Student Medical Information Form is available in this packet and via the Rotary Youth link on the District website at www.rotary7450.org
- Students must complete this form, have it signed by their parent, and bring it with them to the RYLA conference at Freedoms Foundation

- **STUDENT TRANSPORTATION:** The club should either provide transportation or make sure that the student has a way to get there (parents, their own car, etc.). Directions to the Freedoms Foundation are available at the District web page at www.rotary7450.org
- **STUDENT PARTICIPATION:** Students **MUST** stay for the entire event, they **CANNOT** leave and come back during the weekend
- **ELIGIBILITY OF ROTARIANS' FAMILY MEMBERS:** Children and grandchildren of Rotarians **ARE** eligible to attend (RYLA is one of the few Rotary programs where relatives are eligible)
- **QUESTIONS:** Contact Louise Vitiello Burroughs, 610-447-0400, East Campus, ext. 217 or lvitiello@chestercommunitycharter.org



RYLA 2010 STUDENT REGISTRATION FORM
District 7450 RYLA Conference
February 19-21, 2010
Freedom's Foundation, Valley Forge, PA
Registration Deadline: January 30, 2010



#1: Please complete and submit form as an e-mail attachment to: lvitiello@chestercommunitycharter.org
#2: Please mail student name & fee to: Louise V. Burroughs, 342 W. Brookhaven Road, Brookhaven, PA 19015

SECTION I: STUDENT INFORMATION

Name: _____ Age: _____ Birth date: _____
 Home Address: _____ Gender: _____
 City, State, ZIP: _____ School: _____
 Phone Number: _____ E-mail: _____
 T-shirt size: M L XL XXL Grade: _____
 Are you a Member of an Interact Club? _____ If so, name of Interact Club: _____
 Are you a Youth Exchange Student? _____ If so, from what country? _____
 Have you traveled outside the U.S.? _____ If so, where? _____
 Do you have any dietary concerns? _____ If yes, Please inform us: _____

SECTION II: STUDENT INTERESTS

Your answers to the following will help us in our conference planning:

Define a **leader** in your own words: _____

Who is a national leader (past or contemporary) you admire? _____

Who is a world leader (past or contemporary) you know about and admire? _____

How well defined are your career goals (and what are they)? _____

Why do you wish to attend the RYLA Conference? _____

Would you like to perform in a talent program during the conference? _____ If so, what would you do? _____

Would you be willing to volunteer as a DJ? _____

Do you know or are you studying another language(s)? If so, which one(s)? _____

3 Favorite Colors _____

3 Favorite Animals/Pets _____

3 Famous Leaders _____

3 Favorite Countries _____

3 Local issues that concern you _____

3 World issues that concern you _____

SECTION III: SPONSORING ROTARY CLUB INFORMATION

Rotary Club Name: _____ Rotarian E-mail: _____
 Rotarian Contact Name: _____ Rotarian Phone Number: _____

STEP #1: Please complete & submit this form as an e-mail attachment to: lvitiello@chestercommunitycharter.org

**STEP # 2: Please mail student name & registration fee to: Louise V. Burroughs
 342 W Brookhaven Road
 Brookhaven, PA 19015**

FREEDOMS FOUNDATION AT VALLEY FORGE

STUDENT MEDICAL INFORMATION FORM

This form consists of FOUR sections (in 3 pages). In order to be admitted to the Rotary Youth Leadership Awards program, each section needs to be completed with the required signatures and be delivered to the Freedoms Foundation Education Office when the student arrives for the conference. Please also include a photocopy of the student's health insurance card.

NAME OF PARTICIPANT _____

I. PARENT'S WAIVER

We (I) hereby give permission for the above named student to attend a conference _____ (inclusive dates) to be conducted at Freedoms Foundation at Valley Forge. We (I) hereby release and discharge the Freedoms Foundation at Valley Forge, its officers, agents, instructors and employees, from any and all claims, demands, suits, actions or causes of action which we (I) may or shall have reason of any illness, injury or accident incurred or suffered by the above named participant at this conference and in the course of travel by any means to and from and while on the premises of the Freedoms Foundation at Valley Forge, no matter how caused or occasioned.

Names of Parents or Guardians (Please print) _____

Signature of Parents/Guardians _____

Date _____

Telephone: Home _____ Office _____

II. INSURANCE

Freedoms Foundation does not carry medical insurance to cover participants. All participating students should be covered by personal or family insurance.

We (I) hereby certify, under penalty of perjury, that the above named student is covered by medical insurance.

Names of Parents or Guardians (Please print) _____

Signature of Parents/Guardians _____

Date _____

Insurance Company _____

Policy/Group number _____ Expiration Date of insurance _____

Please list emergency number(s) other than those above at which parent, guardian, or another relative may be reached during the conference.

(Please print and relationship to student)

Name _____ Telephone _____

Name _____ Telephone _____

III. PARENTS CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event that our (my) child _____ becomes ill or sustains an injury while under the supervision of the Freedoms Foundation staff, we (I) hereby give permission to administer first aid for our (my) child's relief. If it is not practical to return our (my) child to us (me), or to receive our (my) instructions for his/her care, consent is given to any licensed physician and/or surgeon to whom our (my) child is taken for treatment, to administer such treatment, drugs, and medicines and to perform such surgical procedures as the licensed physician and/or surgeon shall think the existing emergency requires for the relief of pain, and to preserve our (my) child's life and health. We (I) understand and agree that while the Freedoms Foundation staff may seek medical treatment for our (my) child, we (I) hereby release and discharge the Freedoms Foundation, its officers, agents, instructors and employees, for any and all demands, suits, actions or causes of actions that we (I) may or shall have by reason of arranging for such medical treatments or from failure to seek such medical treatments.

Name of Parents or Guardian (please print) _____

Signature of Parents/Guardians _____

IV. STUDENTS MEDICAL HISTORY

Name of Participant _____ Birth Date _____

Address _____

City _____ State _____ Zip Code _____

Date of most recent exam _____ Weight _____ Height _____

Date of most recent tetanus toxoid immunization _____

Doctor's Name _____ Date _____

Doctor's Address _____

Doctor's Telephone _____

HEALTH HISTORY

Please provide any information about a student's health history that may impact their participation in the program. This may include health concerns, food and medication allergies (see below), and/or current medications (see below). Attach additional pages if necessary.

Allergies (Hay fever, insect stings, etc.) _____

Food allergies _____

Medication allergies _____

Current Medication taking _____