

CAMP ROYAL 2010 AGREEMENT & AUTHORIZATION

CAMPER'S AGREEMENT:

1

I hereby accept the Scholarship Award for Camp Royal from my sponsoring Rotary Club and agree to attend "Camp Royal 2010" being held at Bar 717 Ranch, California from June 13 through June 19, 2010. **I agree to attend and participate in the entire camp experience and acknowledge that I am not allowed to leave the Camp early nor arrive late.** I agree to adhere to the Camp Royal Behavior. (Please refer to "Camp Royal Behavior" page.) I agree to travel to and from the camp aboard the transportation provided by Rotary District 5160. I am not allowed to travel to or from the camp by any other means. I agree not to bring nor use any alcohol, tobacco products, drugs or unauthorized medications during camp or during the transportation to and from the camp. **Male Campers: note that Boys State starts the same day Camp Royal ends (Saturday), so scholarship recipients who wish to attend Boys State can not leave Camp Royal early. If there's a chance you would attend Boys State, please do not accept the Camp Royal scholarship.**

I am currently in my Junior year in high school and will begin my Senior year the fall of 2010.

Date: _____ Camper's Name: _____ Signature _____
(print)

PARENTS' AGREEMENT & AUTHORIZATION:

2

I/we hereby give my/our consent for my/our son/daughter to attend "Camp Royal" from June 13 through June 19, 2010. I/we acknowledge that Rotary District 5160 provides only accident insurance with limits of \$10,000 medical benefits and that certified emergency medical technicians (EMTs) are available at the camp. I/we further acknowledge that if my/our son/daughter is found to be in possession of liquor, drugs or unidentified medications or violates the camp rules that he/she may be sent home at once at my/our expense.

My/our son/daughter regularly takes the following medications and will have them in his/her possession at camp. (Please describe fully any medications and conditions requiring them. If no medications will be taken please state NONE.)

The attached Health History and Doctor's Certificate is correct to the best of my/our knowledge and permission is hereby granted for my/our son/daughter to engage in all prescribed Camp Royal activities except: _____, or as noted hereafter by the examining family physician.

In the event of accident or illness, I/we authorize any Camp Royal Rotarian Staff to select the appropriate medical facility and physician(s)/dentist(s) to provide treatment; I/we give permission for any operation, administration of anesthetic or blood transfusion which a medical practitioner may deem necessary or advisable for the treatment of my/our son/daughter; I/we further consent to any medical or surgical treatment by a licensed physician, surgeon or dentist which might be required by my/our son/daughter for any emergency situation. We do request that we be notified as soon as possible, but emergency treatment need not be delayed to provide such notice. I/we agree to hold harmless Rotary International, Rotary District 5160, any Rotary Club or Rotarian, physician/dentist and medical facility for any intervention in an emergency situation regardless of final outcome. I/we agree to assume all financial obligations beyond those covered by insurance for any medical treatment rendered. I/we further release Rotary International, Rotary District 5160, any Rotary Club or Rotarian from damages arising out of ordinary negligence, excepting gross negligence or intentional conduct, during the time they may be providing care and control of my/our son/daughter.

I/we understand and agree that my/our son/daughter must travel to and from the camp aboard the bus transportation provided by Rotary District 5160 and must attend the entire camp session. I/we will not pick up or have my/or son/daughter picked-up early from the camp, except in case of a medical emergency.

I/we acknowledge that the Scholarship Award Fee of \$725 is being paid by the sponsoring Rotary Club for my son/daughter to attend Camp Royal. If my/our son or daughter withdraws from the program within 30 days prior to the first day of camp, without a valid medical reason verified by a licensed physician, I/we shall reimburse the sponsoring Rotary Club the Scholarship Award of \$725. Reimbursement will not be required if the sponsoring Rotary Club is successful in sending an alternate student in place of the withdrawing camper.

I/we have read and understand the terms and conditions by which our son or daughter is attending Camp Royal. We agree to the terms and conditions, **including the provision for reimbursement of the Scholarship Award if our son or daughter withdraws from the program within 30 days prior to the camp, without a valid medical reason.** We also agree to reimburse Camp Royal for any uninsured medical expenses incurred by our son or daughter.

Date: _____ Parent / Guardian Signature: _____

Please provide us with family health insurance information below: (Insurance is not required)

Insurance Company _____ Insured _____

Employer _____ Policy or Group No. _____

Effective date: _____

ROTARY CLUB AUTHORIZATION:

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This statement is to certify that by our club committee has interviewed this Camp Royal candidate, _____, to assure he/she meets Camp Royal qualifications. This statement is also to certify that prior to attending camp this camper has been introduced to the Rotarians who have provided this Rotary Youth Leadership Award (RYLA), called Camp Royal.

We are pleased to recommend this candidate to represent our club at Camp Royal 2010.

Print Club Signatory Name: _____

Date: _____ Club Signature: _____

Rotary Club of _____

Mail completed and club approved forms to:
Camp Royal Committee
c/o Steven Shagrin
1141 Roxie Ln.
Walnut Creek, CA 94597-1806