

**DELEGATE (STUDENT) APPLICATION  
Rotary District 5340 LEADERSHIP, ETHICS  
AND DEVELOPMENT Conference**

Saturday, September 25, 2010 – Sunday, September 26, 2010



Instructions for completing the application process:

1. Print out the entire form, fill-in all information, and get all required signatures on the form.
2. Give the entire completed Application form to your school's LEAD contact or to a sponsoring Rotary Club representative as soon as possible.
3. A District 5340 representative will notify you of additional LEAD conference information.
4. Commitment for the entire two day LEAD conference is mandatory.
5. Additional information is available on the LEAD website at: [www.District5340LEAD.com](http://www.District5340LEAD.com).

**DELEGATE (STUDENT) INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Name you prefer to be called: \_\_\_\_\_ Gender:  Male  Female  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 E-mail Address(es): \_\_\_\_\_  
 \_\_\_\_\_ Adult Shirt Size:  S  M  L  XL  XXL

School: \_\_\_\_\_  
 Clubs, Awards, Extracurricular Activities, Service Activities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TO BE COMPLETED BY PARENT/GUARDIAN**

**MEDICAL HISTORY OF APPLICANT:** (All medical information must be disclosed for your safety and is kept strictly confidential by our professional medical staff members).

Does applicant have any physical limitation or other condition or illness that is being treated that may require assistance while at camp? \_\_\_\_\_ Yes \_\_\_\_\_ No

if YES, describe:

Is applicant currently taking medication? \_\_\_\_\_ Yes \_\_\_\_\_ No

If YES, please list what medications are being taken:

If YES, please explain condition medication is being used/prescribed for:

Vegetarian: \_\_\_\_\_ Yes \_\_\_\_\_ No Other dietary restrictions:

Physician/Doctor name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Phone #: \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE CONTACT: (other than parent/legal guardian)**

Name	Phone #	Relationship to student
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**Parent/Legal Guardian Consent**

I give my permission for the named minor Delegate to attend the Rotary District 5340 Leadership, Ethics And Development (LEAD) conference and to participate in all activities related to LEAD. I have read the Statement of Leadership Responsibility below and I ensure that the Delegate, if attending, will be in full compliance. I hereby assume the risk associated with the Delegate’s participation and agree to save, hold harmless, and indemnify Rotary International (RI), RI District 5340, RI District 5340 LEAD Committee members, Rotary Clubs of RI District 5340, Rotarians participating in LEAD, the camp where LEAD is held, and their committees, members, employees, agents, representatives, and volunteers from any and all liabilities, actions, causes of action, medical or other treatment fees, claims, or demands of any kind or nature whatsoever, which may arise in connection with the student’s participation in LEAD. I take full responsibility for any valuables that the Delegate takes to LEAD. These terms shall serve as a release and an assumption of the risk by the Delegate, the Delegate’s parents, heirs, estate, executor, administrator, guardian, and assignees, and all the members of the student’s family.

I authorize RI representatives to arrange for professional care and treatment in case of a medical, dental, or other emergency. I give my permission to the physician, dentist, or other professional selected by the RI representatives to provide the treatment deemed appropriate for the Delegate’s well being. I assume responsibility for any medical, dental, or other treatment fees incurred directly or indirectly because of the Delegate’s participation in LEAD. I certify that all the Delegate’s health concerns have been disclosed and that the information provided above is true and correct.

I grant RI representatives permission to use the image of the Delegate for educational and promotional purposes. In addition, I grant RI representatives permission to contact the Delegate regarding other RI programs including Interact, Rotaract, speech and music performance contests, and scholarship opportunities.

Print Parent or Legal Guardian’s Name: \_\_\_\_\_

Relationship to Delegate:  Parent  Legal Guardian

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Parent or Guardian Signature: \_\_\_\_\_

**TO BE COMPLETED BY DELEGATE APPLICANT AND PARENT**

Exercising good judgment will prevent occurrences which are not in the best interest of Delegates at LEAD. Curfew violation, failure to participate in the activities of the weekend, inviting non-Delegates to visit, and disturbing the peace are examples of disruptive activities. The LEAD Committee, in its sole discretion, will determine what penalties are imposed for disruptive activities and violations of the Statement of Leadership Responsibility. Delegates are expected to have respect for public and private property, respect the privacy needs and personalities of others, have respect for the facilitators, speakers, and staff, and be on time to all scheduled activities.

**STATEMENT OF LEADERSHIP RESPONSIBILITY**

I UNDERSTAND THAT:

1. I have made a commitment to attend the LEAD conference and will notify my school’s LEAD contact or the sponsoring Rotary Club immediately if a conflict arises.
2. I may not arrive late or leave the LEAD conference earlier than scheduled times and I MUST USE THE LEAD SUPPLIED TRANSPORTATION.
3. I will attend all meetings and activities with my assigned group.
4. Meals are to be eaten with my group and my group is responsible for cleaning our table after each meal.
5. I MUST SLEEP IN THE DORM TO WHICH I AM ASSIGNED. Lights out is at the scheduled time. It means that I will be quiet thereafter.
6. There are separate dorms for males and females. Males are not ever allowed in female dorms, and vice-versa. This is for the privacy and security of all concerned.

7. MP3 players, mobile phones, etc., are permitted only during scheduled recreation times. Uses at other times will result in their being confiscated and returned at the end of the conference.
8. Recreation activities are limited to those periods of the day and evening scheduled for such activity.
9. If any person is injured or becomes ill, I WILL NOT MOVE THEM. I will contact an adult leader, a member of the LEAD Committee, or the camp staff immediately.
10. I will report any damage or breakage immediately to an adult leader, a member of the LEAD Committee, or the camp staff (All participants are responsible for taking care of the facilities).
11. SMOKING IS PROHIBITED. This is to respect the health of all participants and because of the potential fire hazard in the area.
12. ALL MEDICATIONS, whether prescribed or "over the counter," must be identified on the container. Unidentified medications, alcohol, weapons, or tobacco products found in the possession of any student will be confiscated.
13. Foul or abusive language (including anything of a discriminatory nature) will not be tolerated nor will physical violence or threats of any kind be allowed. If I observe such behavior, I will contact an adult leader, a member of the LEAD Committee, or the camp staff immediately.
14. Any sexual or lewd conduct by me or between me and other participant(s) will be considered unacceptable behavior.
15. I may not leave the camp area for any reason unless directed to do so by the LEAD Committee or the camp staff in the case of an emergency.
16. Confidentiality is important. Anything shared by a member of your group should remain in that group. However, an adult leader, a member of the LEAD Committee, and the camp staff are mandated by law to report any suicide or abuse issues to the proper authorities.
17. I will respect the environment of the camp and surrounding area and will do all in my ability to protect it for future generations.
18. I am to conduct myself in all sessions, in all activities, in my group, in the dining hall, and in my dorm, in a manner which will bring credit to myself, my school, my sponsoring Rotary Club and my personal family, and in a manner which will not cause injury to another person.

I have read the Statement of Leadership Responsibility and do hereby agree and commit to honoring it. SHOULD MY CONDUCT BE CONSIDERED UNACCEPTABLE AT ANY TIME AT THE DISCRETION OF THE LEAD CONFERENCE COMMITTEE, OR SHOULD I BREAK ANY OF THE RULES STATED ABOVE, I UNDERSTAND THAT I MAY BE DISMISSED FROM THE CONFERENCE AND WILL BE SENT HOME AT MY PARENTS' OR GUARDIANS' EXPENSE.

As a condition of my participation in the LEAD conference and by my signature below, I agree to be bound by the terms of the Statement of Leadership Responsibility. **I AGREE TO MAKE MYSELF AVAILABLE FOR THE LEAD CONFERENCE DATES AND TO OBEY ALL CAMP RULES.**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Delegate Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent Signature: \_\_\_\_\_

**Please give the completed Application to your school's LEAD contact or to a Sponsoring Rotary Club Representative as soon as possible.**