



# District 6880 Rotary Youth Leadership Academy Application

## Program Overview

### What:

Rotary Youth Leadership Academy (RYLA) is an intensive leadership training and conference for high school students. The program includes lectures, discussion periods with skilled leaders, group activities, recreation, and fellowship.

### Who:

Open to Junior and Senior High School students, selected and sponsored by their local Rotary club.

### Where:

University of South Alabama Campus, Mobile, AL. Participants will stay in campus facilities.

### When:

July 19 - July 23, 2026. Participants arrive Sunday afternoon for registration, and the program concludes on Thursday morning.

### Why:

RYLA is sponsored by District 6880 of Rotary, comprising 48 Rotary Clubs in south-central and south Alabama. The program focuses on leadership and decision-making skills, guided by the Rotary Four-Way Test.

## Application Details

- **Applications Due:** April 30, 2026
- **Submit To:** 6880ryla@gmail.com or your sponsoring Rotary Club.
- **Cost:** No cost to participants; the local Rotary Club covers registration fees.

## Student Application Form

## Sponsoring Club Information

- Sponsoring Club Name: [\_\_\_\_\_]
- Rotary Club Contact Number & Email: [\_\_\_\_\_]
- Club President: [\_\_\_\_\_]

## Student Information

- Name (as on certificate): [\_\_\_\_\_]
- Mailing Address: [\_\_\_\_\_]
- City: [\_\_\_\_\_]
- ZIP Code: [\_\_\_\_\_]
- Telephone: [\_\_\_\_\_]
- Age: [\_\_\_\_\_]
- Gender: [\_\_\_\_\_]
- High School: [\_\_\_\_\_]
- Graduation Year: [\_\_\_\_\_]
- Student Email Address: [\_\_\_\_\_] (*Ensure legibility; contact will be made via email*)
- Parent Email Address: [\_\_\_\_\_]
- Parent Telephone: [\_\_\_\_\_]
- Parent in Rotary (if applicable) and Club: [\_\_\_\_\_]
- GPA: [\_\_\_\_\_]
- School Principal: [\_\_\_\_\_]
- Interact Club Member: Circle (YES) or (NO)
- School Mailing Address: [\_\_\_\_\_]
- T-Shirt Size: (S, M, L, XL, 2XL, 3XL) [\_\_\_\_\_]

## Transportation

- **Transportation Provided by:** Parent/guardian or a Rotarian that has completed and submitted a background check form. Students are not permitted to drive themselves.

## Parent/Guardian Permission

I give permission for my child, \_\_\_\_\_, to attend RYLA 2026 at USA Campus, Mobile, AL.

- **Parent or Guardian Signature & Date:** [\_\_\_\_\_]
- **Print Name:** [\_\_\_\_\_]

## Send Applications To:

Mike Sledge - RYLA Chair  
Email: 6880ryla@gmail.com  
Phone: 251-367-0976

## Participant Information

## Education & Participation

- **Awards:** List top awards you are most proud of. [\_\_\_\_\_]
- **Participation:** List activities you are most proud of. [\_\_\_\_\_]
- **Service Above Self:** Explain what it means to you in three sentences or less. [\_\_\_\_\_]
- **Future Plans:** Describe your future aspirations. [\_\_\_\_\_]
- **RYLA Benefit:** How do you think you will benefit from participating in RYLA 2026? [\_\_\_\_\_]
- **Admiration:** Whom do you admire most and why? [\_\_\_\_\_]

## Conference Code of Conduct

I understand the commitment to attend the RYLA conference and will notify the RYLA Committee immediately if a conflict arises. I agree to the following:

1. Arrive on time and stay until the end of the program.
  2. Participate actively in meetings and activities with my assigned team.
  3. Respect sleeping arrangements and adhere to lights-out policies.
  4. Entering sleeping areas of the opposite gender is prohibited.
  5. Limit recreational activities to scheduled times.
  6. Report injuries, illnesses, damages, or breakages immediately.
  7. Use of tobacco, alcohol, weapons, and illegal drugs is prohibited.
  8. Maintain confidentiality and conduct myself respectfully.
- **Participant Signature & Date:** [\_\_\_\_\_]
  - **Parent/Guardian Signature & Date:** [\_\_\_\_\_]

## Medical History Form

To be completed by the youth applicant and parent/guardian.

- **Name:** [\_\_\_\_\_]
- **Parent/Guardian Names:** [\_\_\_\_\_]
- **Student Cell:** [\_\_\_\_\_]
- **Date of Birth:** [\_\_\_\_\_]
- **Parent Cell:** [\_\_\_\_\_]
- **Home Phone:** [\_\_\_\_\_]
- **Address:** [\_\_\_\_\_]
- **Family Doctor:** [\_\_\_\_\_]
  - **Phone:** [\_\_\_\_\_]
  - **Address:** [\_\_\_\_\_]
- **Health Insurance Policy & Group Numbers:** [\_\_\_\_\_]

## Medical History

1. **Allergies:** Explain. [\_\_\_\_\_]
2. **Medications:** List. [\_\_\_\_\_]

3. **Chronic Illnesses:** Explain. [\_\_\_\_\_]
  4. **Physical Disabilities/Conditions:** Explain. [\_\_\_\_\_]
  5. **Special Dietary Needs:** Explain. [\_\_\_\_\_]
  6. **Under Physician Care:** Explain. [\_\_\_\_\_]
  7. **Other Medical Conditions:** Explain. [\_\_\_\_\_]
- **Student Signature:** [\_\_\_\_\_]
  - **Parent/Guardian Signature:** [\_\_\_\_\_]

## Additional Information

- **Linens:** Provided. Bring your own pillow.
- **Dress:** Casual; dress appropriately for outdoor activities.
- **Packing List:**
  - Hat
  - Raincoat
  - Flashlight
  - Toiletries
  - Sunscreen
  - Two pairs of tennis shoes/sneakers
  - Pillow
  - Medications (must be listed)

## Photo and Video Release

I grant Rotary District 6880 permission to use photographs, video, and audio recordings of me for lawful purposes, including publicity and web content.

- **Signature & Date:** [\_\_\_\_\_]
- **Printed Name:** [\_\_\_\_\_]
- **Parent/Guardian Signature (if under 18):** [\_\_\_\_\_]

## Outdoor Adventure Program Acknowledgement

I acknowledge the risks involved in outdoor activities and consent to participate in the high/low ropes course.

- **Participant Signature:** [\_\_\_\_\_]
- **Parent/Guardian Signature:** [\_\_\_\_\_]