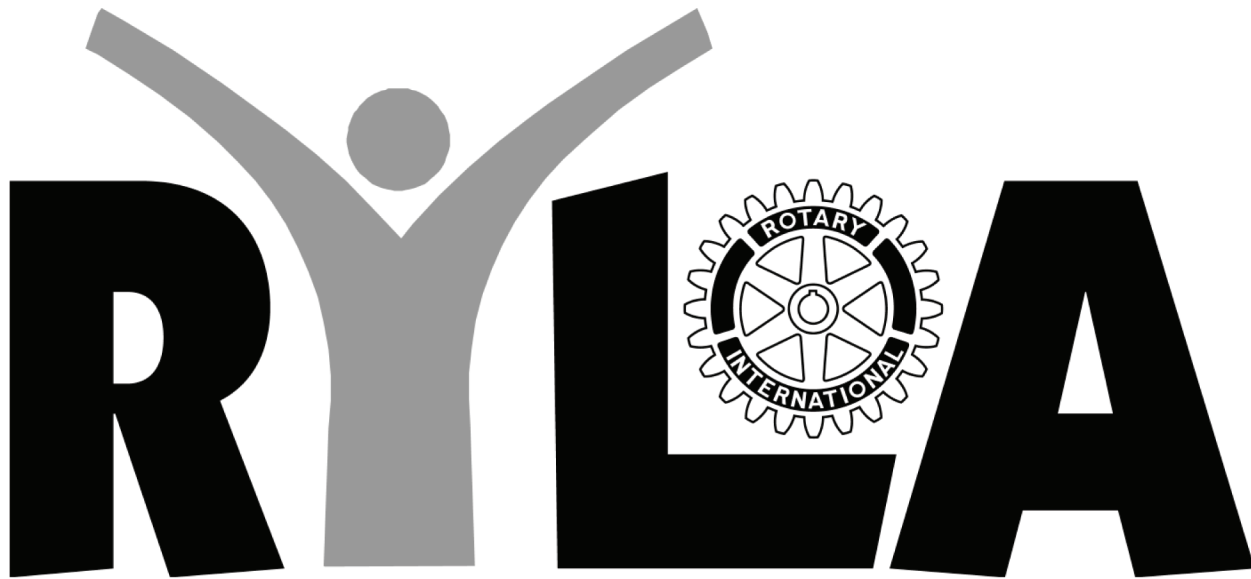


DISTRICT 7170



CONFERENCE

27th ANNUAL

ROTARY YOUTH LEADERSHIP CONFERENCE

SUNDAY JUNE 28, 2009

to

FRIDAY JULY 3, 2009

HARTWICK COLLEGE
ONEONTA, NEW YORK

Club Chair Booklet

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District 7170 RYLA

Dear Rotary Club President/Club Chairperson:

The time is upon us to give attention to RYLA 2009. You and your club committee are the key to the entire operation. Your help in motivating and involving your club in interviewing and selecting your conferees is of critical importance. Our district-wide goal is 100 conferees, slightly more than two per club.

Your District Committee began planning last July and has been working diligently to provide a quality youth program. We now must pass the action to you and are prepared to provide a meaningful training experience for youth leaders in your community. This RYLA Handbook has been prepared to assist you.

RYLA serves also as an excellent public relations opportunity for your club. Also, those Rotarians in your club who become involved, derive intense personal satisfaction and a feeling of real accomplishment within the local community.

Club responsibilities are listed on page 6 and 7. Please review them carefully. Please try to make sure that the deadlines are met. We are unable to extend deadlines thus this material is reaching you early. Items 1 and 2 on page 6 are urgently needed, if not already completed.

We must communicate. Please be responsive to letters, telephone calls, and deadlines. Should you encounter any difficulties or desire any assistance from the District's Committee, feel free to contact us (see page 2).

With your help, we will again achieve a truly meaningful program that renders an invaluable service to the young people in our communities.

Let's start now for RYLA 2009! Our 27th Year!!!

Sincerely,

Julie Lambiaso
RYLA Program Director

2008-2009 RYLA Committee

Julie Lambiaso (RYLA Director)
5 Walling Blvd
Oneonta, NY 13820
Phone 607 432 6885

Rod Sutton (RYLA Chairperson)
813 Ives Settlement Road
Bainbridge, NY 13733
607 895 6388 (H)
607 335 1362 (W)

Craig Lawson
(District RYLA Treasurer)
19 Summit Street
Norwich, NY 13815
607 336 7824 (H)
607 335 6298 (W)

David V. Reynolds
Past District Governor
<http://www.rotarydistrict7170.org>

Lana Rouff
District Governor
<http://www.rotarydistrict7170.org>

Mark Kriebel
Past District Governor
<http://www.rotarydistrict7170.org>

Selean Koury
District Governor Elect
<http://www.rotarydistrict7170.org>

Frank "Pete" Hempstead
3647 St. Hwy. 8
Deposit, NY 13754
607 467 2905
hempent@echoes.net

John Mirabito
Mang Group
39 45 Main Street
Sidney, NY 13838
607 561 2600 (W)
607 563-3343 (H)

Jim High,
Past District Governor .
22 Delaware Ave.
Cooperstown, NY 13326
607 547 9825 (H)
607 437 0570 (cell)

Michelle Shirkey
Greenlawn Elementary School
Bainbridge, NY 13733
607 967 6328 (W)

DISTRICT RYLA WORKSHOP FOR CLUB CHAIRPERSONS

AGENDA

- 6:30 Introductions
- 6:45 Roles of District and Club Committees,
Suggested Timetables, Paperwork
- 7:00 How to Select Conferees
- 7:15 Professional Staff
Conference Schedule of Activities, Techniques
- 7:30 Questions, Answers, Comments

RESPONSIBILITIES OF LOCAL ROTARY CLUB

SUGGESTED TIMETABLE	ACTION
If not yet reported to District Committee, please do so immediately.	<p>Appoint your RYLA Chairperson and send in name address and phone number to RYLA District Chairperson:</p> <p>Rod Sutton 813 Ives Settlement Road Bainbridge, NY 13733 ph# 607-335 1362</p>
<p>If not yet submitted, please do so immediately (by March 12).</p> <p>February 2 March 11</p>	<p>Determine number of conferees your club will sponsor. Send RYLA Conference Reservation Form (page 8) and a check for \$350.00 per conferee to:</p> <p>Craig Lawson (District Treasurer) 19 Summit Street Norwich, NY 13815 607 336 7824 (H) 607 335 6298 (W)</p> <p>Please make checks payable to “RYLA Conference”.</p> <p>Promote the Conference to qualified area students through:</p> <ul style="list-style-type: none"> a. High Schools public & private b. Area Youth Organizations c. Rotary sons, daughters and friends
by March 23	<p>Interview all candidates and select your conferees. Also select some alternates on a standby basis.</p> <p>See that applications (page 14) are filled out by conferees, submitted with completed Release of Liability (pages 15, 16) the Conferee Commitment form(page 17) and Medical Report with Parental Authorization (pages 19, 20, 21).</p>

April 14	Send applications (page 14), Medical Forms (pages 19,20,21), and Release of Liability Form (pages 15, 16 and Conferee Commitment Form (page 17 to:: Julie Lambiaso 5 Walling Blvd Oneonta, NY 13820
June 28	Arrange for your conferees to attend RYLA conference - be sure all have times and dates and transportation
June 28	Plan for Rotarians and guests to attend the Rotary Night dinner on Friday, July 3rd at 5:15 in the Agora at Hartwick College. Consider hosting parents and school officials. Cost of dinner is \$15.00 for guests. Students' meals included in conference. Arrange for conferees' trip back home after the dinner program.
July/August	Have conferees attend club meeting to report on RYLA experience and to provide feedback and criticism to the district chairman to improve the RYLA program.

RYLA CONFERENCE RESERVATION

The Rotary Club of _____ wishes to reserve space for _____ students at the District's Rotary Youth Leaders Conference in June 2009 at Hartwick College, Oneonta, NY.

We are enclosing a check for \$ _____ * to cover the fees at \$350.00 per participant. Clubs which cannot pay \$350.00 per student at this time must enclose a \$50.00 non refundable deposit per student in order to guarantee the number of reservations desired. The balance should be forwarded as soon as possible, but no later than March 12, 2009. RYLA has been at maximum enrollment for the past ten years.

Reservations received after March 12, 2009 cannot be guaranteed.

President or Club RYLA Chairperson _____

(Street Address) _____

(City) _____ (Zip Code) _____

(date) _____

(Home Phone) _____ (Business Phone) _____

*Please make check payable to "RYLA Conference" and mail it to:

Craig Lawson (District Treasurer) 19 Summit Street Norwich, NY 13815

BY March 12, 2009

DISTRICT 7170
ROTARY YOUTH LEADERS CONFERENCE
Sunday, June 28 through Thursday July 3, 2009
HARTWICK COLLEGE
ONEONTA, NY

For Immediate Release

For More Information, Contact:

(Name) _____ (Phone) _____

The Rotary Club of _____ today announced the selection of _____ as participants in the Rotary Youth Leadership Conference to be held this summer.

_____, local Committee Chairperson, stated that

_____ and _____ will be among the 100 to 110 area high school seniors who will live, work, study, and play together at Hartwick College at Oneonta from Sunday, June 28 through Friday, July 3, 2009. Aimed at developing the leadership potential of young people, the Conference will feature speakers and workshops focusing on decision making, critical thinking, communicating effectively, time management, ethics, career development, public service, contemporary problems and other challenging issues.

Dear _____ :

The Rotary Club of _____ is interested in community leadership, not only for today but for tomorrow as well. The students in your school will, in a very few years, be assuming some of your community's leadership roles. We know you are training them for the task. Rotary would like to help also.

For this reason, the 43 Rotary Clubs in the Southern Tier of New York State will conduct their Twenty Six Annual Youth Leadership Conference at Hartwick College in Oneonta from June 28 through July 3, 2009. It will be staffed by carefully selected counselors and teachers. Our objective is to offer outstanding high school seniors an opportunity to live, work and play together in an atmosphere of friendly competition which will offer a challenge to accept the responsibilities of leadership. Much of each student's time will be structured with programs, such as group discussions, guest speakers, career guidance, group sports, band and chorus. Perhaps the greatest benefit will come from sharing this experience with the approximately 105 other outstanding young men and women selected from area high schools in this Rotary 7170 District.

Our Rotary Club is asking you to nominate young men and young women who have already displayed leadership abilities and who will profit most from this experience. We suggest that they be selected first for leadership potential, second for good citizenship, third for desire to attend the Conference and fourth for scholarship. These characteristics are listed in that order so that latent leaders are not overlooked because of grades. The only other requirement is that they must be students who will enter their senior class in September.

The nominations should be made and the names given to _____, no later than _____. Our Rotary Committee will then conduct interviews and select the conferees. Our interviews must be completed by March 23rd. It is our hope that the selection for the Youth Leadership Conference might become a regular part of your award system and an honor that students can work for and achieve.

Thank you for your assistance in this project for the advancement of youth.

Sincerely yours,

Rotary Club, RLYA Conference Committee Chairperson

GUIDELINES FOR SELECTING YOUR CONFEREES

The school should present your Club's Committee with two or three times the number of qualified candidates you plan to select. Your Committee should then interview and choose the most qualified students to represent that school and your club.

The students your Club selects to be its representatives should be high school students who will enter their senior class in September.

The following considerations are offered as possible criteria to be used in your selection process:

- a. Leadership Potential: Those qualities which might make him/her an effective leader.
- b. Leadership Experience: Has the student had opportunities to practice leadership skills in real life situations? (Look for officers of school organizations, class officers, athletic team captains and extra curricular leadership experience, Scouts, Church groups, etc.).
- c. Academic Ability: Performance academically at school.
- d. Extracurricular Activities: Has the candidate been involved in extra curricular activities? Emphasize quality of involvement rather than quantity. Has he/she participated in any community activities? Does he/she have a job after school, evenings or on weekends?
- e. Questioning Thought: Does student think about things that he/she reads or hears or does he accept things blindly?
- f. Articulation: Is candidate capable of expressing thoughts and feelings accurately, clearly and effectively?
- g. Ability to Relate with Peers: How easily does the candidate get along with others?
- h. Openness to this Experience: Will candidate be open and adaptive enough to embrace the philosophy of the Conference?

Your Club would be wise to select "alternate candidates" who will be prepared to attend the Conference in the event that any of your primary candidates could not attend. Last minute cancellations and the problems that they cause, could thus be eliminated. They should complete and submit all paperwork as well.

We are looking for interested, sincere, well rounded potential leaders. The selection of good conferees by Rotarians is a critical element in the success of the RYLA Program. Candidates MUST be able to commit to the ENTIRE experience beginning Sunday afternoon, June 28th and concluding Friday evening July 3rd after the final banquet.. Conferees MUST be able to be in attendance all day, every day.

(See Page 12, Interview Rating Chart)

Interview Rating Chart: (Offered as aid to club interviewers)

Scholarships are awarded to students who will be seniors the following September. The young leaders are selected on the basis of leadership, personal values, intelligence and promise of future success. The person selected will represent your Club in a leadership training program with approximately 100-110 other leaders from other high schools. We hope you will select a young man or woman who will contribute to the total program in the following year and will make a positive contribution in school.

Applicants name _____

	Excellent	Above Average	Average
Intelligence	_____	_____	_____
Leadership	_____	_____	_____
Industry	_____	_____	_____
Citizenship	_____	_____	_____
Attitude	_____	_____	_____
Appearance	_____	_____	_____
Ability to articulate	_____	_____	_____
Health	_____	_____	_____

Remarks:

Interviewer:

RYLA Attendee Form

Club Name _____

Club Chairperson _____

Phone _____

The following students have been selected to attend RYLA:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

The following students have been chosen as Alternates:

1. _____

2. _____

Please send this form to: Julie Lambiaso
5 Walling Blvd
Oneonta, NY 13820

Return all forms to:
Julie Lambiaso
5 Walling Blvd
Oneonta
New York 13820

RYLEA Application of Selected Conferee

Male () Female ()

Name:

Mailing Address:
Email Address:

City:

Zip:

Phone #

High School:

Grade:

Interests: special talents, hobbies (music, sports, acting, writing, signing, debating, etc.)

Awards (school, civic):

Extra-curricular activities (in school and in community):

Leadership positions (in and out of school):

Which musical instrument, if any, do you play?

If so, would you perform in the conference band?

Can you bring your instrument to RYLEA?

Are you a trained mediator in your school?

Could you help write for or produce the Conference Newspaper?

Could you help produce the Conference Yearbook?

What vocations or professions are you considering after school;

All Conferees receive a Rotary tee shirt. What size do you wear?

() Medium

() Large

() Extra Large

PLEASE FILL OUT, OBTAIN PARENT'S SIGNATURE ON SECOND PAGE OF THIS FORM AND RETURN TO:

Julie Lambiaso
5 Walling Blvd
Oneonta, NY 13820
BY April 14, 2009

APPLICANT INFORMATION FORM & PROJECT ADVENTURE RELEASE OF LIABILITY FORM

DISCLOSURE

Project Adventure involves a variety of activities that often include warm ups, games, group initiative problems, low ropes course elements, and other rigorous physical adventure activities. (The level of participation in Project Adventure activity is at all times completely up to the individual's choice.) Yet there is a risk, which must be assumed by each participant, that he or she may suffer an emotional or physical injury and disability.

Policy for participation in all Project Adventure activities requires that every participant have health/accident insurance coverage. In addition, certain health/medical information must be made known to the instructor(s) conducting programs, so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Please complete the form and return it to Julie Lambiaso, RYLA Program Director. 5 Walling Blvd, Oneonta, NY 13820

APPLICANT INFORMATION:

1. Name _____

2. Do you have health/accident insurance? Yes No

If yes, name of company _____

Have you ever had: (please check the appropriate column: Yes or No

Allergies.....	Yes	No
Diabetes.....	Yes	No
Heart Disease.....	Yes	No
Epilepsy.....	Yes	No
Asthma.....	Yes	No
High Blood Pressure.....	Yes	No
Back Problems.....	Yes	No
Dislocations: If yes, describe.....	Yes	No
Do you get cold easily?.....	Yes	No
Do you smoke?.....	Yes	No
Are you pregnant?.....	Yes	No
Are you currently under doctor's care?...	Yes	No

For what reason? _____

Are you taking medication (prescribed otherwise; e.g. cold medicine)?
What type and what for? (Must fill out pg. 21)

Are you allergic or do you react to any medication? Identify and explain:

Are you allergic to insect bites and stings?
If so, do you carry bee sting medication?

Do you have any limiting physical disabilities or handicaps (temporary or permanent) of any kind?
Identify and explain:

Release Of Liability:

I understand that parts of the Project Adventure activities may be physically or emotionally demanding. I affirm that my health is good, and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in Project Adventure activities. I understand that each participant must assume the risk of injury that could result from any of these activities. I release Rotary, Hartwick Staff and RYLA staff members from all liability for any injury to me from participation in Project Adventure activities.

Date: _____ Applicants Signature _____
(if at least 18 years old)

Applicants Address: _____

City, Zip Code: _____

Home Phone Number: _____

Business Phone Number: _____

Parent or Guardians Signature: _____
(If under 18 years old)

CONFERENCE COMMITMENT FORM

I have been informed by my local Rotary Club that I have been selected to attend the 2009 Twenty Sixth Annual RYLA Conference which will be held beginning on Sunday afternoon, June 28th and will conclude Friday evening, July 3rd after the banquet. By signing this conference commitment form, I am agreeing to attend and participate in all activities sponsored by the RYLA conference. I agree to abide by all rules and regulations as set forth by Hartwick College, Rotary District 7170, and the RYLA conference staff. I also have been informed and understand that I must complete the appropriate paper work and forward it (including this signed form) on to the person my local Rotary Club representative designates by April 14th.

***A physical (it can be a school physical) must have been completed within the last 12 months (June 28th , 2008 - June 28th , 2009), including all necessary updated immunizations (pay careful attention to this on the health form). In addition, the medication sheet,, MUST be filled out and submitted if ANY medications are going to be taken while at the conference. This includes over-the-counter meds such as Tylenol.

VERY IMPORTANT

The conference will run from Sunday, June 28 through Friday July 3 2009. Please be sure that you are able to attend through the banquet Friday evening, July 3 . If you do have a commitment that prevents you from attending the entire experience, including the banquet, then please decline your opportunity to attend this conference and notify your local Rotary Club representative immediately so that someone who can attend the entire conference may have the opportunity to attend.

If you have any questions concerning any of the above, please call Julie Lambiaso, RYLA Program Director, immediately at 607 435 2088.

Congratulations on being selected to attend the 27th Annual District 7170 RYLA Conference. We are looking forward to working with you and hope you will enjoy your RYLA experience.

Student Signature

Parent Signature

Date

SUMMER PROGRAM HEALTH FORM CHECKLIST
SUMMER 2009 - RYLA

Dear Summer Program Parent,

All parts of pages 19, 20 and 21 must be completed and returned to Julie Lambiaso at 5 Walling Blvd Oneonta, NY 13820 by June 1st:

Page 19 – to be completed by parent or guardian - complete all sections, being sure to sign and date at bottom of form.

Page 20 - UPDATED IMMUNIZATION RECORD

a. 2 MMR dates are mandatory

Measles, Mumps, Rubella

b. If your child is attending programs for 7 nights or more

you will be mailed the Meningococcal Meningitis

Vaccination Response Forms, pages 4 & 5. THIS FORM MUST BE COMPLETED AND RETURNED WITH THE PHYSICAL EXAMINATION FORM.

PHYSICAL EXAM – (within past year) SCHOOL PHYSICAL ACCEPTABLE

Performed by physician, physicians assistant, or nurse practitioner

Page 21 – MEDICATION SHEET – must be completed for every camper.

NEW YORK STATE DEPARTMENT OF HEALTH LAW now requires that the

Health care provider (doctor, nurse practitioner, physicians assistant) must complete the medication sheet for both over-the-counter and prescription medications. Medications will not be dispensed if this form is not completed and signed by parent and health care provider, this includes all over-the-counter medications.

IMPORTANT NOTES

ALL PRESCRIPTION AND OVER-THE-COUNTER MEDICATION TO BE TAKEN BY CAMP PARTICIPANT (UNDER 18 YRS. OLD) MUST BE LEFT AND KEPT AT THE PERRELLA WELLNESS CENTER WHERE A SCHEDULE WILL BE SET UP FOR DISPENSING OF THE MEDICATION. ALL MEDICATIONS MUST BE IN THE PHARMACY BOTTLE OR ORIGINAL STORE CONTAINER WITH PROPER LABELING.

IT IS ADVISED, PRIOR TO MAILING THESE FORMS THAT YOU MAKE A COPY TO HAND CARRY TO REGISTRATION. NO CAMPER WILL BE ALLOWED TO STAY WITHOUT COMPLETED HEALTH FORMS.

ANY MEDICAL QUESTIONS PLEASE CALL THE PERRELLA WELLNESS CENTER AT 607-431-4120.

HARTWICK COLLEGE SUMMER PROGRAM 2009 - RYLA
HEALTH EXAMINATION FORM
Phone: 607-431-4120 Fax: 607-431-4124

**** RETURN COMPLETED FORM TO:****

Julie Lambiaso
5 Walling Blvd, Oneonta, NY 13820
607 432-6885
This side to be completed by parent.

FOR: SUMMER RYLA SESSION (S) _____

Name _____ Birth date _____ Sex _____ Age _____
Last First Initial

Parent/Guardian (or Spouse) _____ Phone (H) _____
(W) _____

Home Address _____
Street & Number City State Zip

If not available in an emergency notify:

1. _____ Phone _____
Name Area Code and Number

Street & Number City State Zip

Or 2. _____ Phone _____
Name Area Code and Number

Street & Number City State Zip

PERSONAL HISTORY: (circle condition you have had)

Alcohol Dependency, Allergy, Asthma, Anemia, Bronchitis, Chicken Pox, Diabetes
Drug Dependency, Eczema, Emotional Problems/Counseling, Heart Disease, Recurrent Ear Infection
Rheumatic Fever, Jaundice, Kidney Disease, Scarlet Fever, Seizure Disorder, Pneumonia Tonsillitis
OPERATIONS, INJURIES AND HOSPITALIZATIONS (with dates) _____

PRESENT MEDICATIONS OR TREATMENTS _____

PLEASE LIST ALL ALLERGIES, INCLUDING ALLERGIES TO MEDICATIONS _____

IMPORTANT: Please notify the camp if this camper is exposed to any communicable disease during the three weeks prior to camp attendance.

PERSONAL HEALTH INSURANCE CO. _____
ADDRESS _____ ID# _____

*PARENT AUTHORIZATION: This health history is correct so far as I know, and the person herein described has my permission to engage in all prescribed camp activities, except as noted by the examining physician and me. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the health care provider selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

PARENT SIGNATURE: _____ DATE: _____

PATIENT NAME: _____
LAST FIRST DOB

IMMUNIZATIONS REQUIRED FOR REGISTRATION

TETANUS-DIPHTHERIA TOXOID (BOOSTER WITHIN 10 YRS.) DATE _____

Hib vaccine DATES 1st _____ 2nd _____ 3rd _____
4th _____ OR date of illness _____

NAME: Last
First

Hepatitis B vaccine DATES 1st _____ 2nd _____ 3rd _____

POLIO VACCINE (complete series of Oral/Salk) DATES _____

MMR (Mumps, Measles, Rubella) (after 1st birthday) DATES 1st _____ 2nd _____
OR

*MUMPS VACCINE (after 1st birthday) DATE _____

*MEASLES VACCINE (after 1st birthday) (2 doses mandatory) DATES 1st _____ 2nd _____

*RUBELLA VACCINE (after 1st birthday) DATE _____

OR

MUMPS TITER (valid only if lab report included) RESULT _____ DATE _____

MEASLES TITER (valid only if lab report included) RESULT _____ DATE _____

RUBELLA TITER (valid only if lab report included) RESULT _____ DATE _____

VARICELLA VACCINE DATE _____ OR DATE OF ILLNESS _____

MEDICAL EXAMINATION –TO BE FILLED OUT BY LICENSED PHYSICIAN, PHYSICIAN'S ASSIST/NURSE PRACTITIONER

This examination must be performed within 12 months of arrival at camp. Examination for some other purpose within this period is acceptable. Examination is for determining fitness to engage in strenuous activities.

CODE: - Satisfactory x Not Satisfactory (explain) O Not Examined

HGT. _____ WT. _____ B.P. _____

Eyes _____ Lungs _____

Glasses _____ Abdomen _____

Ears _____ Hernia _____

Nose _____ Extremities _____

Throat _____ Posture (spine) _____

Teeth _____ Skin _____

Heart _____ Allergy _____

Recommendations and restrictions while in camp:

Special Diet _____

Medications (identify) _____

Dispensing protocol _____

Can this camper participate in unrestricted recreational activity?

If no, explain: _____

Other: _____

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in camp activities, except as noted above.

Telephone _____ Examining Physician/Physician's Assist./Nurse Practitioner

Date _____ Address _____

MEDICATION SHEET – Must be completed and signed by Parent & Health Care Provider
RYLA-ROTARY YOUTH LEADERSHIP AWARD

ORDERS FOR: Name _____ DOB: _____ Weight _____

Standard Over the Counter Medications (The following medications are available at the College Well-ness Center and will be administered at the discretion of an RN or LPN if approval is indicated by the camper’s healthcare provider.): Any other over the counter medications the child routinely takes and will be bringing with them must be added to this list. No over-the-counter medications can be dis-pensed without completion of this form.

DRUG NAME	ROUTE (PLEASE CIRCLE PRE- FERRED)	DOSAGE	SCHEDULE AND INDICATIONS	CAMPER HEALTHCARE PROVIDER ORDER	COMMENTS
Ibuprofen	Oral	200 mg		yes no	
Acetaminophen	Oral	325 mg		yes no	
Acetaminophen	Chewable	160 mg		yes no	
				yes no	
				yes no	
				yes no	
				yes no	

Prescription Medications (Must complete with patient’s current regimen for both scheduled and PRN medications use 2nd page if needed)

DRUG	ROUTE	DOSAGE	SCHEDULE and INDICATIONS	COMMENTS

Both signatures required:

Parent signature _____ Date _____

Health Care Provider (MD,NP,PA)

Name: _____ Phone _____

Address: _____ License# _____

Signature: _____ Date: _____

SAMPLE LETTER TO SELECTED CONFEREE

Dear

Please accept our congratulations on being selected as a participant in the 27th Rotary Youth Leaders Conference! We hope that the time you spend at Hartwick College in Oneonta will help increase your skill as a leader in your school and community; and more importantly, will increase your awareness of the opportunities for leadership in the future.

Our Youth Leaders Conference is an attempt by the Rotary Clubs in Rotary District 7170 to provide exceptional young men and young women with the opportunity to live, work, and play together in an atmosphere of friendly but challenging competition. An opportunity which through activity and inspiration will help them wrestle with contemporary problems and ethical situations and at the same time, increase their capacity for leadership.

As a Conference participant you will find your days and nights filled with a variety of challenging activities all contributing to making you a better leader. Much of your time will be structured with programs such as sports, group discussions, guest speakers, career guidance, band, chorus and news reporting. Perhaps the greatest benefit you will receive, however, will come from the opportunity of sharing this experience with the approximately 100 to 110 other outstanding young men and women selected from high schools throughout Rotary District 7170. The friendships you make may, in many cases, be lasting. The 2009 conference begins Sunday afternoon, June 28th and concludes Friday evening after the banquet, July 3rd. You are expected to be in attendance for the entire conference.

We look forward to sharing an exciting time with you and hope that your Conference experience will be rewarding and an inspiration for the future.

Sincerely yours,

P.S. A list of things to bring with you will be found on the attached information sheet.

INFORMATION FOR SELECTED CONFEREE AT ROTARY YOUTH LEADER'S CONFERENCE

WHEN: From Sunday afternoon, June 28th through Friday evening, July 3rd, 2009.

Arrive on Sunday June 28, 2009 from 12:00 p.m. to 2:00 p.m. If this is not possible, please call :

Julie Lambiaso
5 Walling Blvd
Oneonta, NY 13820
607 432-6885

WHERE: Hartwick College in Oneonta, NY

PARTICIPANTS: About 105 students entering their senior class in the fall. They are being sponsored by the Rotary Clubs of the Southern Tier of New York State.

1. If you are unable to obtain transportation to and from the conference, please contact your Rotary Club.*
2. Conferees should not bring their automobiles.
3. You will be expected to remain on campus and attend all scheduled activities.
4. Visitors under the age of 21 are not permitted.
5. All your necessary expenses are being paid by your sponsoring Rotary Club; however, you may wish to bring some extra spending money to purchase snacks and soft drinks or items at the bookstore.
6. We plan to have instrumental ensembles and a chorus. If you are interested in music, we hope you will share this enjoyment and designate your interest on your application. If you play a musical instrument, please bring it with you. You need not be a member of your school's band or chorus to participate.
7. Your mailing address will be:
(Your Name)
Rotary Youth Leaders Conference
Office of Special Programs
Hartwick College
Oneonta, NY 13820
8. In case of an emergency conferees may be contacted through the office of special programs at 607 431 4547 between 9:00 a.m. and 5:00 p.m. and at other times through the college switchboard 607 431 4200.*Transportation to and from the conference should be provided by parents or Rotarian.

You must bring with you: pillows, blankets, sheets or a sleeping bag wash cloth, towels

*a bed and mattress is provided for each participant

***It is recommended that you bring with you:

- dress clothes for closing dinner
- toilet articles
- socks and sneakers
- second pair of shoes
- alarm clock and radio
- bathing suit
- softball glove (if you have one)
- musical instrument (if you play)
- flashlight
- spending money (for snacks & bookstore)
- camera (if you wish)
- raincoat
- shorts
- fan
- pens and pencils
- tennis racket and balls (if you play)
- *Note: Each conferee will receive one conference tee shirt

Banquet Reservation Form

The RYLA Committee encourages parents to attend the RYLA Banquet. The \$15.00 per person cost covers dinner as well as the evening's program which was planned by the RYLANs.

Name: _____

Phone # _____

Number attending _____

Prepay Check Enclosed _____

CHECK ONE

Pay at the banquet _____

Student Name: _____

Students attending the conference will have the banquet paid for by RYLA.

Return to:
Julie Lambiaso
5 Walling Blvd
Oneonta
New York 13820



HARTWICK
est. 1797

CAMPUS MAP

DIRECTORY

- ◆ **ACADEMICS**
 - ◆ **ATHLETICS**
 - ◆ **ADMINISTRATIVE**
 - ◆ **RESIDENTIAL**
- 1. BRESEE HALL - ADMISSIONS
 - 2. ARMOLD HALL
 - 3. YAGER HALL - LIBRARY AND MUSEUM
 - 4. MAINTENANCE BUILDING
 - 5. SMITH HALL
 - 6. RITCHIE QUAD - TOWNHOUSES
 - 7. VAN FOSSE HALL
 - 8. JOHNSTONE SCIENCE CENTER
 - 9. BINDER PHYSICAL EDUCATION CENTER
 - 10. TENNIS COURTS
 - 11. ELKMORE FIELD
 - 12. WRIGHT STADIUM
 - 13. ANDERSON CENTER FOR THE ARTS
 - 14. WILDER HALL
 - 15. SAXTON HALL
 - 16-18. SPECIAL INTEREST HOUSES
 - 19. HOLMES HALL
 - 20. DENAR UNION - CAMPUS CENTER
 - 21. SHINEMAN CHAPEL HOUSE
 - 22. CLARK HALL
 - 23. PERRELLA WELLMESS CENTER
 - 24. WRIGHT OBSERVATORY
 - 25. OVARION HOUSE
 - 26. HILLTOP HOUSE
 - 27. LEITZEL HALL
 - 28. TABLE ROCK FIELDS
 - 29. STRAWBERRY FIELD
 - 30. FRISBEEFIELD

PINE LAKE ENVIRONMENTAL CAMPUS
 Located eight miles from Hartwick's main campus, the Pine Lake Environmental Campus is a tract that includes a spring-fed lake; ecologically diverse land; and an abundance of plant, animal, and bird species. A lodge, rustic cabins, classroom, and a theatre facility adjoin the lake.

From the main campus take I-88 East to Exit 16 and turn right onto Otsego County Route 47. Proceed approximately 2.7 miles to the village of West Gouverneur, turn left onto Center Street, proceed approximately 2.0 miles. The driveway to the Pine Lake campus will be on your right.



Directions from I-88
 Leave I-88 at Exit 15 and head toward Oneonta. Cross Main Street at the first light. At the next traffic light, turn left onto Center Street. At the end of Center Street, yield right onto West Street. Proceed 200 yards

MAIN ENTRANCE TO CAMPUS

BLOCK SCHEDULE SAMPLE

TWENTY-FOURTH ANNUAL LEADERSHIP CONFERENCE - ROTARY DISTRICT 7170 HARTWICK COLLEGE - ONEONTA, NY						
SAMPLE SCHEDULE						
	Sunday June 25th	Monday June 26th	Tuesday June 27th	Wednesday June 28th	Thursday June 29th	Friday June 30th
8:00-9:30	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
9:30-10:30	Leadership Staff	Leadership Staff	Business John Mirabito	Managing Conflict Duke Fisher	STUDENT GOVERNMENT SYMPOSIUM Pt.1	STUDENT GOVERNMENT SYMPOSIUM Pt. 2
10:30-11:00	BREAK	BREAK	BREAK	BREAK	10:30BREAK10:45	BREAK
11:00-12:00	12:00 TO 3:00	You, Me and the Onion? Diane Munro	Motivation" Tom Morgan	Duke Fisher cont.	Values, Ethics in Leadership" Greg Krikorian	Career Exploration: A New Age Approach" Lou Shields
12:15-1:45	ARRIVAL	LUNCH	LUNCH	LUNCH	11:45 LUNCH 12:45	LUNCH
2:00-3:00	REGISTRATION ROOM ASSIGNMENTS	Actions and Words" Diane Munro	Decisions, Decisions Robb & Lee	SMALL GROUP ACTIVITIES	PROJECT ADVENTURE 12:55 - 4:25	SMALL GROUP ACTIVITIES
3:00-3:15	Welcome to	BREAK	BREAK	BREAK		FREE TIME
3:15-4:15	RYLA 06 ORIENTATION	SMALL GROUP ACTIVITIES	SMALL GROUP ACTIVITIES	PREPARE SKITS 3:30 - 4:30	SMALL GROUP ACTIVITIES	3:15 - 4:00 PACK & CLEAN
4:15-4:30	Sign-up INT. GRP	BREAK	BREAK	BREAK	BREAK	
4:30-5:45	BAND - org. meet 4:30-5:00	4:30-5:45	*Newspaper *Public Speaking *Computers *Scrapbooking/Yearbook *Fitness Workout * Outdoor Activities *Photography *Wall Painting ****INTEREST GROUPS**** DAILY			HAND IN KEYS 4:00 - 4:45
5:45-7:15	CHORUS - org. meet 5:00-5:30		[Please Refer To Your Daily Schedule for the Meeting Time of the Choral Ensemble, Instrumental Ensemble and Steering Committee]			
7:00-8:45	DINNER	DINNER	DINNER	DINNER	DINNER	BE at AGORA 5:00 5:30-8:30 DINNER AWARDS FAREWELL
9:00-10:15	SMALL GROUP ACTIVITIES 7:30-8:45	School Violence Gary Kuch 7:15	SMALL GROUP ACTIVITIES 7:15-8:30	RYLATHON 7:15-9:15	PUBLIC SPEAKING COMPETITION JUDGING 7:30 - 9:00	
11:00	INTEREST GROUPS	SMALL GROUP ACTIVITIES 9:00-10:15	DANCE 9:00-11:00	RYLA SKITS 9:30-11:00	Get Ready for Talent Show 9:00 -10:00	
12:00	FLOOR MEETINGS LIGHTS OUT!!!				Talent Show (Each small group)	