

---

---

**Rotary Outstanding Vocational Award  
Leadership Camp**



Memorandum

To: Attendees of Leadership Camp and their Parents or Guardians

From: Tracy J. Becker, ROVA Chairperson

Date: January 1, 2020

Subject: **ROVA Leadership Camp,  
on Sunday, May 3 & Monday, May 4, 2020  
Camp Nazareth Retreat and Conference Center  
339 Pew Road, Mercer, PA 16137 (724) 662-4840**

A. Items you need to bring to Camp

1. Sleeping bag or blankets and pillow
2. Toiletries – toothpaste, soap, toothbrush, etc.
3. Towels and washcloths
4. Warm clothing (hat, gloves)
5. Outside footwear (**at least 2 pairs**)
6. Several changes of clothing (especially if it is wet)

B. Do **NOT** bring:

1. Radios, walkmen, televisions, cell phones, pagers, or any electric devices; however, you **may** bring small board games, cards, etc.
2. Food or drink

C. Rules of proper school conduct will be observed. Failure to comply will result in parents or guardians being contacted to come to Camp Nazareth Retreat and Conference Center and take their child.

D. In case of emergency, the telephone number at the Camp Nazareth is (724) 662-4840.

E. Participants should check with the School to confirm travel arrangements. Participants please arrive at Camp Nazareth by 12 Noon on Sunday, May 3. Lunch will be provided. Pick-up at Camp Nazareth will be at 12:30 p.m. on Monday, May 4, 2020. Lunch will also be provided.

---

---

Rotary Outstanding Vocational Award



Leadership Camp

**Instructions and Rules of Conduct  
Practices/Procedures  
for ROVA Participants**

**ROVA** requires each participant attending the Rotary Leadership Camp on **SUNDAY, MAY 3 & MONDAY, MAY 4, 2020** at Camp Nazaeth Retreat and Conference Center to complete the attached forms for attendance requirements and **return to School**

\_\_\_\_\_, *Attn.*  
\_\_\_\_\_, *by THURSDAY, MARCH 26, 2020.*

**Forms to return:**

1. Permission and Emergency Contact
2. Medical Information Form

**Rules for Participants**

1. The term “participant” shall mean ROVA member, including advisors.
2. There shall be no defacing of public property. Damage to any property or furnishing in the dorm room/building must be paid for by the individual.
3. Participants shall keep their adult advisors informed of their activities and whereabouts at all times. Participants are not to leave the Camp Nazareth grounds.
4. Participants shall be prompt and prepared for all activities.
5. All participants will spend the night in their assigned dorm room.
6. No alcoholic beverages, narcotics, or tobacco products in any form, shall be in the participant’s possession at any time, under any circumstances.
7. Participants are required to attend all general sessions and assigned activities.
8. Identification badges will be worn at all times.

**Permission and Emergency Contact**



**Rotary Outstanding Vocational Award  
Leadership Camp**

**Please return form to School \_\_\_\_\_,  
Attn. \_\_\_\_\_ by THURSDAY, MARCH 26, 2020.**

My son/daughter \_\_\_\_\_  
(Please Print Student's Name)

from \_\_\_\_\_  
(Please Print Area Vocational Technical School, Career Technical Center or Career Center)

has my permission to participate in a Rotary sponsored activity to  
**ROVA – Camp Nazareth Retreat and Conference Center, Mercer, PA  
On Sunday, May 3 and Monday, May 4, 2020.**

In case of accident, injury or illness, I hereby authorize *the ROVA Staff* or other chaperone(s) to take my son/daughter to the nearest emergency medical facility. I will accept financial responsibility for services rendered to my child.

In case of emergency, it is important that health information be readily available. Please note any allergies, handicaps, medications or other health problems:

\_\_\_\_\_  
Please indicate your Health Insurance Provider: \_\_\_\_\_

Insurance Number: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Physician Name: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Medical Information Form**



**Rotary Outstanding Vocational Award  
Leadership Camp**

**Please return form to Home School \_\_\_\_\_,  
Attn. \_\_\_\_\_ by THURSDAY, MARCH 26, 2020.**

Student Name:

- | Student Medical History  | Yes | No  |
|--|-----|-----|
| 1. Do you have an ongoing or chronic illness:<br>(If yes, please explain)  | ( ) | ( ) |
| 2. Are you currently taking any prescription<br>or nonprescription (over-the-counter)<br>medication or pills or using an inhaler?<br>(If yes, please list the medications that you<br>are currently taking). | ( ) | ( ) |
| 3. Do you have any allergies (for example, to pollen,<br>food or insects?<br>(If yes, please specify.)<br>Do you use Epipen?   | ( ) | ( ) |
| 4. Do you cough, wheeze, or have trouble during<br>or after activity?  | ( ) | ( ) |
| 5. Do you have asthma?   | ( ) | ( ) |
| 6. Please list any other concerns that the <i>Rotary staff</i> may need to be<br>aware of in the space provided below or on the back.  |     |     |
| 7. Please check if NO health problems: <input type="checkbox"/>  |     |     |