

UNLEASHING THE POTENTIAL OF FUTURE LEADERS



The Secretariat

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RYLA (Rotary Youth Leadership Awards) 2014 Kuching

Organized By: The Rotary Club of Kuching;
Kuching Central;
Kuching Jaya &
Kuching South

Venue : Sekolah Menengah Sains Kuching, Jalan Batu Kawa, Off Jalan Matang,
Kuching Sarawak

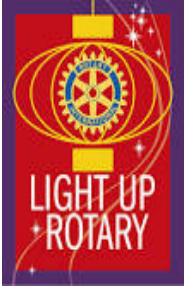
Date: 12th – 15th December 2014

REGISTRATION FORM A – consists of section A, B, C & D

Section A: To be completed by the participant.

Name: _____ Gender: Male Female
Date of Birth: _____ I/C No/Passport No: _____
Home Address: _____ Telephone: _____
_____ Fax: _____ H/P: _____
_____ T-Shirt Size: _____
Food Preference: Normal Vegetarian

Important note: This form must reach the above address by fax or email on or before 15th November 2014. Registration fee is RM 300.00/pax. Email / fax to us proof of payment. All cheques must be crossed and made payable to the ROTARY CLUB OF KUCHING SOUTH (CIMB Acc No: 80-05269929-6. Cash payment (bank-in) is also acceptable.



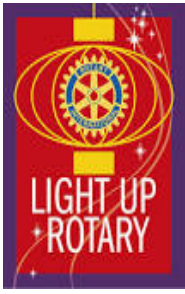
Section B: To be completed by Parent/Guardian

LETTER OF (CONSENT & RELEASE)

I, _____ (name of Parent/Guardian)
NIRC No.: _____ being parent and/ or lawful
Guardian of _____ (name of Child – Participant) at
The Rotary Youth Leadership Awards 2014 Kuching to be held from 12th December 2014 to 15th
December 2014 at Sekolah Menengah Sains Kuching, Jalan Batu Kawa, Off Jalan Matang, Kuching,
Sarawak and I further agree and fully accept that by this Consent and Release, His / Her participation
shall be at my sole risk and I hereby absolutely release and hold harmless and free from Liability, all
Rotarians involved in the running and management of the said Programme, the Organizing Rotary
Cubs, namely Rotary Club of Kuching; Kuching Central; Kuching Jaya and Kuching South (hereinafter
collectively referred to as the Organizers from all claims, actions, suits in respect of any accident or
damage and / or loss to property, personal bodily injury and / or death which may be suffered by the
participant and I hereby undertake that I shall not file any actions, claims, demands, suits against the
organizers arising there from.

I also understand that use of facilities owned by the Puncak Permai National Camp, Bau, Sarawak
involves a certain degree of risk that could result in injury or death. I hereby release and waive any and
all claims that I may have against the Puncak Permai National Camp, Bau, Sarawak and their
employees, agents, representatives, or volunteers arising from use of their facilities. I agree to allow
the camp doctor or designated medical personnel to dispense any non-prescription medication to my
child if necessary. In case of a medical emergency I understand every possible effort will be made to
contact me, although in the event I cannot be reached I hereby give my permission to the healthcare
provider selected by the Camp Commandant to hospitalise, secure proper treatment, order an
injection, anaesthesia, or surgery for my child whose name is listed above.

(_____)



Section C: To be completed by the school / university (if applicable).

School/ College/University Name: _____

Telephone: _____ Address: _____

Permission is granted to _____
of I/C No. / Passport No: _____ to attend the above-mentioned
event.

Principal's/ Dean's Signature and Official Stamp

Date

Section D: Mode of Transportation (Please check which ever applicable)

No, I do not require transportation to Sekolah Menengah Sains Kuching, Sarawak. Thank you!

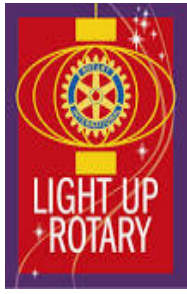
Yes, I require transportation to Sekolah Menengah Sains, Kuching, Sarawak. Please note of the following arrival time and disembarking location. Thank you!

I will be arriving by: Flight Time of arrival: _____ Flight No: _____

Bus / Land Time of arrival: _____ Vehicle No: _____

Remarks: _____

Important Note: The Organizers will arrange pick up at selected time on 12th December 2014 at Kuching International Airport, Kuching Sentral Bus Terminal and selected hotel/hotels ONLY. Participants requiring transportation will be informed duly on the pick-up schedule and point of pick up. For alternative arrangement, please contact the Secretariat.

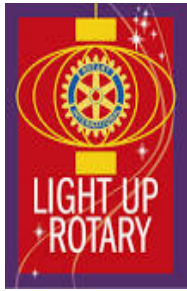


REGISTRATION FORM B – Consists of Part I,II & III

Part I – MEDICAL HISTORY (To be completed with medical officer)

	YES	NO	If Yes, Describe
1. IS THERE A HISTORY OF/HAVE YOU EVER HAD (a) Chest pain, High Blood Pressure, Heart Problems e.g Heart Murmur, Extra Heart Beat or Other Heart Abnormality (b) Asthma, Bronchitis, Tuberculosis, Sinusitis, Other Lung Problems (c) Fits, Epilepsy, Fainting Attacks, Migraine, Severe Head Injury (d) Eye Problems / Poor Vision (e) Ear Problems / Deafness (f) Nervous Illness (g) Diabetes (h) Allergy to medicines/food/others (i) Bone or joint injury (j) A carrier status for any infectious disease? (k) Medical treatment within last two years			
2. IS THERE A NEED FOR/DO YOU REQUIRE (a) Routine Medication (b) Special Diet			
3. IS THERE /DO YOU HAVE (a) Any Disability (b) Pregnancy (c) Any other medical information of note			
4. TETANUS IMMUNIZATION (compulsary)	Date of last immunization		
5. Height: _____ meters	Weight: _____ kg		
_____ <div style="display: flex; justify-content: space-between;"> Name Signature Date </div>			

NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.



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Part II – MEDICAL DECLARATION BY APPLICANT
(To be signed by ALL applicants)

I declare that all the information provided above are true. I am currently not suffering from any acute ailments or diseases.

_____ Date

_____ Name & Signatures

PART III – CERTIFICATION OF FITNESS (to be completed by Medical Examiner)

I have this date _____ examined _____
(name

and found *him/her *FIT/UNFIT to participate in the RYLA 2014 KUCHING programs and activities.

Remark: _____

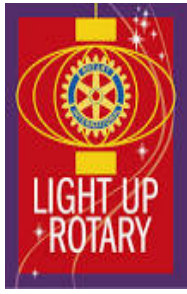
_____ Name of Doctor

_____ Signature

_____ Clinic Stamp

_____ Date

***Delete where not applicable**



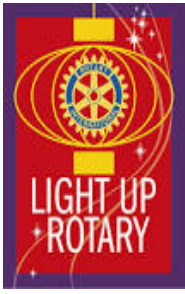
RECOMMENDED PERSONAL CLOTHING AND EQUIPMENT LIST

3 pairs comfortable shorts/pants / track suit bottoms
2 – T-shirts
1 pair of sandals
2 pairs of socks
1 pair sport shoes
1 waterproof jacket / raincoat/umbrella
Linen i.e. pillow case, blanket and bed sheet
1 torchlight with spare batteries
1 hat/cap
Sunblock / Sunscreen & Mosquitoes Repellent
1 towel
Prayer mat (for Muslim Participant)
3 sets of under clothing
Basic Toiletries
Washing Soap / Powder

Optional Items: Personal Medication, camera

Not to Bring: **Jewelry (it can be very hazardous during the activities)**
Alcohol
Tobacco products
Knives, firearms or any kind of weapon

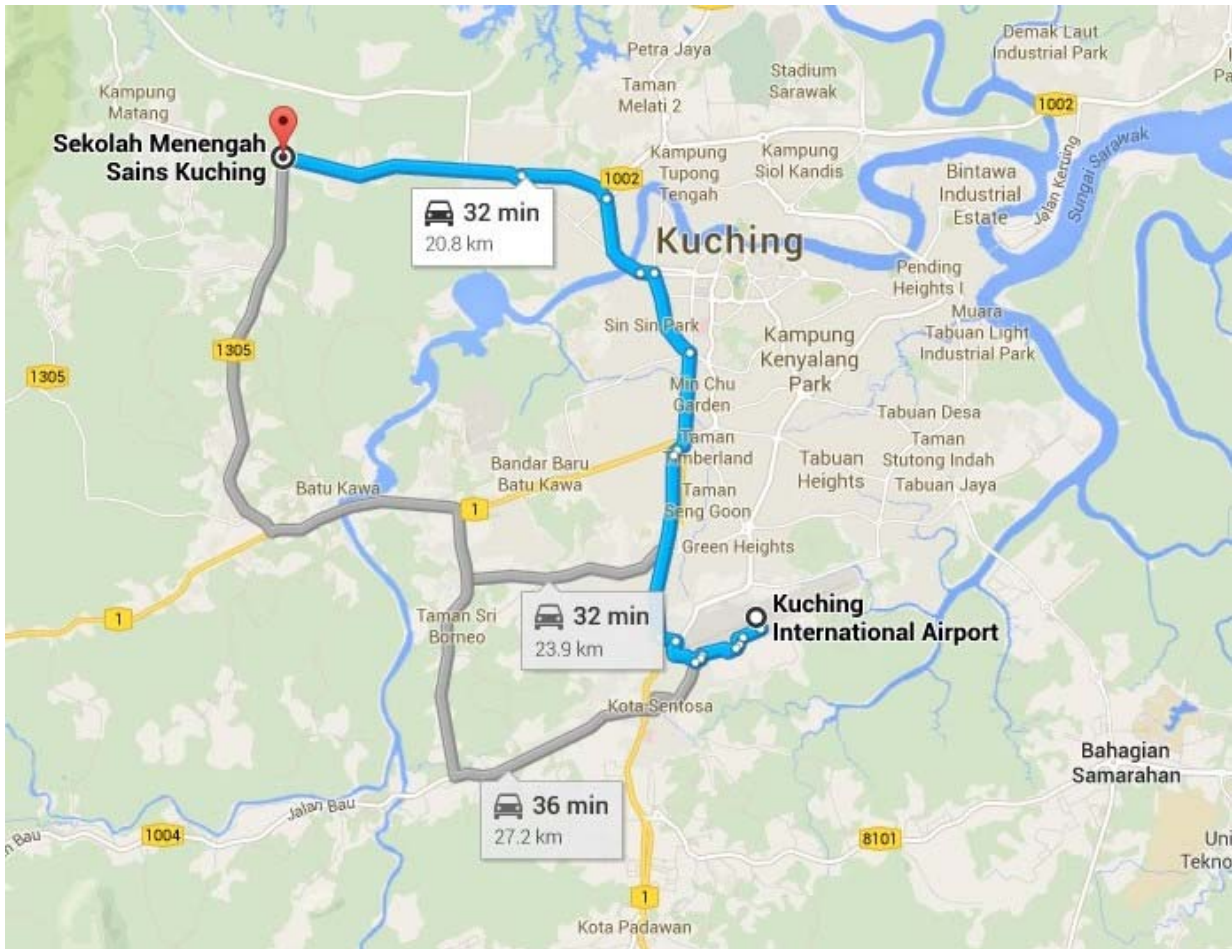
Money: Large sum of money should not be required.



PROGRAM FOR RYLA 2014 KUCHING

	Dec-12	Dec-13	Dec-14	Dec-15	
6.30AM		Exercise & briefing	Exercise & briefing		
7.00AM		Breakfast	Breakfast		
8.00AM		Seminar	Coffee Break	Assembly & drive to Puncak Permai NS	Breakfast
8.30AM				Site Briefing	Seminar
9.00AM		Seminar	Trekking/ Jungle Survival	Outdoor lunch	
9.30AM					Closing Ceremony/ Recognition
10.00AM					Pack up
10.30AM		Games	Outdoor lunch	Lunch	Lunch
11.00AM					
11.30AM		Lunch	Lunch	Lunch	Depart camp
12.00PM					
1.00PM		Briefing/ Team formation/ Ice Breaker	Group Leadership Games	Outdoor activities in Puncak Permai NS	
2.30PM					
3.00PM	Games	Games	Back to Camp		
4.00PM					
4.30PM	Break	Break	Break		
5.00PM					
6.00PM	Dinner	Dinner	Bonfire BBQ/ Games		
7.00PM					
8.00PM	Opening Ceremony	Social Hour			
8.30PM					
10.00PM	Supper	Supper			
11.00PM	Lights out	Lights out	Lights out		

Map of Sekolah Menengah Sains Kuching



Map of Puncak Permai National Camp, Bau, Sarawak (Tondong)

