

Rotary Youth Leadership Awards  
www.rylanw.org



March 18-21, 2010

Rotarian to fill out:

Rotary Club of \_\_\_\_\_

Rotarian Contact \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

## APPLICATION

for  
A ROTARY YOUTH LEADERSHIP AWARDS SEMINAR (RYLA)

NAME \_\_\_\_\_ SEX \_\_\_\_\_

NAME ON BADGE IF DIFFERENT THAN ABOVE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE/PROVINCE \_\_\_\_\_ ZIP \_\_\_\_\_

Age at commencement of seminar \_\_\_\_\_ TELEPHONE \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_

### **ANSWER THE FOLLOWING QUESTIONS ON A SEPARATE PIECE OF PAPER:**

- 1) EDUCATION (Please include major and minor subjects taken as well as any educational awards received.):
- 2) SCHOOL ACTIVITIES PARTICIPATION:
- 3) HOBBIES AND RECREATIONAL INTERESTS:
- 4) ORGANIZATION MEMBERSHIP (Please indicate any offices held and other responsibilities.):

**Yes, I want to attend RYLA. I understand that I will be bringing personal belongings and that Pacific Lutheran University nor RYLA are responsible for any items lost or stolen while attending this conference.**

(Signed) \_\_\_\_\_

**PLEASE NOTE:** THIS FORM ALONG WITH THE PARTICIPATION RELEASE FORM MUST BE COMPLETED AND RETURNED AS SOON AS POSSIBLE TO EITHER YOUR SCHOOL COUNSELOR OR ROTARIAN REPRESENTATIVE.

Family Doctor \_\_\_\_\_ Telephone# \_\_\_\_\_

(USA Students) Medical Plan Carriers Name \_\_\_\_\_

Plan # \_\_\_\_\_ Telephone # \_\_\_\_\_

(Canadian Students) Provincial Medical Plan Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Out of Province Medical Coverage Carriers Name \_\_\_\_\_

Plan Number \_\_\_\_\_

Out of Province Medical Plan Number Carriers Tel# \_\_\_\_\_

Dietary Needs, Allergies, etc. \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Prescription medicines you will have with you \_\_\_\_\_

Special Assistance or any other information \_\_\_\_\_

In Case of Emergency, please notify:

Name \_\_\_\_\_ Number \_\_\_\_\_

Relation \_\_\_\_\_

Name \_\_\_\_\_ Number \_\_\_\_\_

Relation \_\_\_\_\_

In the event of an emergency, I authorize the above camp staff and/or Pacific Lutheran University and/or Central Pierce Fire & Rescue to arrange for emergency transportation and/or emergency medical care.

Signature of Participant\* \_\_\_\_\_ Date \_\_\_\_\_ Printed Name \_\_\_\_\_

(Signature of Parent/Legal Guardian) \_\_\_\_\_ Date \_\_\_\_\_ Printed Name \_\_\_\_\_

\*Parent or legal guardian must also sign for participants under 18 years of age