

Rotary Youth Leadership Awards
www.rylanw.org



March 1-4, 2012

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