[](http://www.google.ca/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwjctefk_aPOAhXn3YMKHfeuCPMQjRwIBw&url=http://portal.clubrunner.ca/50042/SitePage/ryla&psig=AFQjCNHP-FB4lMfdbUNxzLyU5oCrrsA9sA&ust=1470270196260913)

[](http://www.google.ca/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&ved=0ahUKEwj6jJL-_aPOAhVrwYMKHSy3BlkQjRwIBw&url=http://www.underconsideration.com/brandnew/archives/new_logo_and_identity_for_rotary_by_siegelgale.php&bvm=bv.128617741,d.amc&psig=AFQjCNGWFRG8iZvu6Dwo8mEgAYN0z3qHYg&ust=1470270336280334)

District 5020

**Northwest (Tacoma) March 12-15, 2020**

**APPLICATION for RYLA NW – Rotary Youth Leadership Awards Tacoma**

To be completed by sponsoring rotary club for each student

* Sponsored by Rotary Club of Courtenay
* Rotarian Contact: Youth Services Director
* Telephone: 250-897-6313 Email: arne\_einarson@shaw.ca

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | Name on badge: | | | Gender |
| Address: | | | | |
| Province/State | | | Postal Code/Zip Code: | |
| Cell Phone: | | | Age at start of event: | |
| Email address: | | | High School | |
| Interact Club Member Yes No | | | T-shirt size: | |
| Next of Kin: | | Email: | | |
| Home phone: | | Cell Phone: | | |

# Yes, I want to attend RYLA. I understand that I will be bringing personal belongings and that neither Pacific Lutheran University, Rotary District 5020 nor the RYLA Northwest Committee are responsible for any items lost or stolen while attending this conference.

(Signed)

I give my permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend The RYLA Northwest event.

(Signature of Parent/Legal Guardian) Date Printed Name

**PLEASE NOTE:** THIS FORM ALONG WITH THE PARTICIPATION RELEASE FORM MUST BE COMPLETED AND RETURNED AS SOON AS POSSIBLE TO EITHER YOUR Interact Club Sponsor OR ROTARIAN REPRESENATIVE.

Family Doctor Telephone#

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

(USA Students) Medical Plan Carriers Name

Plan # Telephone #

Out of Country Medical Coverage Carriers Name

Plan Number

Out of Country Medical Plan Carriers Telephone Number

Dietary Needs, Allergies, etc.

\_

Medical Conditions

\_

Prescription medicines you will have with you \_

\_

Special Assistance or any other information \_

\_

In the event of an emergency, I authorize the above camp staff and/or Pacific Lutheran University and/or WA Emergency Services to arrange for emergency transportation and/or emergency medical care.

In Case of Emergency, please notify:

Name Number Relation

Name Number

Relation

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