



### Parental / Guardian Consent Form

<b>Student Name:</b>	<b>Sponsoring Rotary Club:</b>
<b>Parent/Guardian Name:</b>	<b>Parent/Guardian Phone Number:</b>

I hereby give consent for the above to participate in the Rotary Youth Leadership (RYLA) Retreat.

I grant permission to any adult member of the RYLA Committee to authorize necessary medical treatment by any doctor or any hospital. I certify that any and all health issues have been disclosed and that the information provided by him/her and myself is accurate.

Application is not complete without this form for attendees under the age of 19.  
Please sign consent form and return to [ryla@sussexrotary.org](mailto:ryla@sussexrotary.org).

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

Date: \_\_\_\_\_