## RYLA 2017 JUNE 25 – JUNE 28 CAMP HINDS RAYMOND

# sTUDENT REGISTRATION & pARENT cONSENT FORM

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| (Please Print or Type ) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Today’s date: | | | | | | | | | | | | | | | | | | | | Rotary Club Contact Person: | | | | | | | | | | | | | | | |
| sTUDENT INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STUDENT Last name: | | | | | | | | | First: | | | | | | Middle: | | | | |  | | |  | | | | | Student Name for Name Badge | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Will you take need to take medication during camp? | | | | | | | | | | | RYLA medical forms due by June 1st. | | | | | | | Birth date: | | | | | | | | | Age: | | | | | | Sex: | | |
| ❑ Yes | | | ❑ No | | | | | | | |  | | | | | | | | / / | | | | | | | |  | | | | | | ❑ M | ❑ F | |
| Mailing Address Street address: | | | | | | | | | | | | | | | | Student Email Address | | | | | | | | | | | | | | | | Student phone no.: | | | |
|  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | ( ) | | | |
| P.O. box: | | | | | | City: | | | | | | | | | | | | | | | State: | | | | | | | | ZIP Code: | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |
| Name of High School | | | | | | Name of Rotary Club that issued you the Scholarship | | | | | | | | | | | | | | | | | | | | | Name of HS Contact if Applicable | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| Diet Restrictions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ❑ None | | ❑ Vegan | | ❑ Vegetarian | | | | | | | | ❑ Nut/Peanut Allergy | | | | | | | | | ❑ Lactose | | | | | ❑ Other | | | | | | | | | |
| **Student Signature:** | | | | | | | | | | | | By signing you are applying for RYLA 2017 and are able to attend Camp June 25th to June 28th and you acknowledge you are receiving a full scholarship to camp. | | | | | | | | | | | | | | | | | | | | | | | |
| **Date Signed**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Parent / Guardian INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Parents/ Guardian Names | | | | | Email Address | | | | | | | | | | | | Address (if different): | | | | | | | | | | | | | Phone Number | | | | | |
|  | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | ( ) | | | | | |
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|  | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | ( ) | | | | | |
| Is this student covered by insurance? | | | | | | | ❑ Yes | | | ❑ No | | | Medical Forms and consent forms will be sent to the student and parent Emails. | | | | | | | | | | | | | | | | | | | | | | |
| Final BBQ Tickets | | | | | | | On Wednesday June 28th there is a final BBQ and ceremony that begins approximately at 5:00 ends at 6:00 to 6:30 your student can give you a tour of the camp. Tickets for the BBQ are $12.00 or $20.00 for two or $30.00 for three, ect. (Student is covered by the scholarship) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Drop Off – Sunday June 25th | | | | | | | Students arrive at 8:30 for drop off. We have a full system of registration that will allow for all 144 students to register and begin camp within one hour. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Welcome Package | | | | | | | | Once the RYLA staff is forwarded this application from the local Rotary Club, you will receive a welcome package that includes medical forms, photo release forms, BBQ ticket instructions, and the full rules of camp including a packing list and what to bring. You can view this at http://rotary7780.org/sitepage/ryla/ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IN CASE OF EMERGENCY (we contact parents / Guardians first) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of local friend or relative (not living at same address): | | | | | | | | | | | | | | Relationship to Student | | | | | | | | | | Home phone no.: | | | | | | | Work phone no.: | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | | | ( ) | | | | | | | ( ) | | | | |
| **I acknowledge the above named student has accepted a Scholarship to Rotary Youth Leadership Camp and will attend starting June 25th at 8:30 am thru Wednesday June 28th ending with a family BBQ starting approximately at 5:00 PM.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Patient/Guardian signature** | | | | | | | | | | | | | | | | | | | | |  | | | **Date** | | | | | | | | | |  |
|  | **Patient/Guardian signature** | | | | | | | | | | | | | | | | | | | | |  | | | **Date** | | | | | | | | | |  |