

Rotary Leaders Conference
Registration Form



Rotary International District 7390

APPLICATION FOR YOUTH PARTICIPANT

First Name _____ Last Name _____ Name You Wish to be Called _____

Address _____ City _____

State _____ Zip Code _____ E-mail _____ Cell # _____

Birthdate _____ Gender: Male Female T-shirt Size: S M L XL
MO DAY YEAR

Name of Parent/Guardian with whom you reside _____

Address of Parent/Guardian _____ City _____

State _____ Zip Code _____ Parent E-mail _____

Parent/Guardian Home Phone _____ Cell Phone _____

Your High School _____

High School Mailing Address _____ City _____

State _____ Zip Code _____

What Musical Instrument(s) will you bring to the Conference? _____

Will you participate in the Conference Choir? Yes No Bass Tenor Alto Soprano

Name of your Local Newspaper _____

Address _____ City _____ State _____ Zip _____

Attach Recent Photo

This photo will be in the RYLA program. Please attach a "headshot"



Official Use – to be completed by Registrar

Sponsoring Club _____

Fee Paid _____ Yes _____ No Check # _____

Messiah Release _____ Yes _____ No

Resident Hall _____ Room # _____

EXHIBIT #4.2

To be completed by Applicant

Registration Form (continued)
BIOGRAPHICAL SKETCH
 FOR ROTARY YOUTH LEADERS CONFERENCE

Name of Applicant _____

Name of School _____

AREAS OF LEADERSHIP

Organization/Activity	# of Years	Awards or Offices Held	Years
National Honor Society			
Student Council			
Class Office			
Interact Club			
Journalistic: Yearbook Staff			
Journalistic: School Newspaper			
Oratory - Debate			
Drama			
Band			
Chorus			
Orchestra			

INTERSCHOLASTIC ATHLETICS

Sport	# of Years	Awards	Years
Football			
Field Hockey			
Basketball			
Volleyball			
Baseball			
Track			
Tennis			
Golf			
Wrestling			
Swimming or Water Sports			
Soccer			
Lacrosse			
Other Sports			

OUT OF SCHOOL ACTIVITIES

Activity	# of Years	Awards	Years
Faith Based			
Scouting			
Volunteer			
Other			
Other			
Other			

Additional information can be written on a separate sheet of paper.

SCHOOL SUBJECTS -- List those courses in which you excel:

HOBBIES, AREAS OF SPECIAL INTEREST

LIST ALLERGIES OR SPECIAL MEDICAL NEEDS AS RELEVANT TO CONFERENCE:

PARENT CONSENT FORM

This signifies consent for my child to attend the Rotary Youth Leaders Conference and the following:

1. I hereby authorize Conference Officials to arrange whatever health service is necessary by the Conference in the event of an emergency situation.
2. I understand that I must provide transportation to and from the Conference for my child.
3. I authorize consent for my child to be photographed at the Rotary Youth Leaders Conference and for his/her photograph to be used in whole or in part by my child's sponsoring Rotary Club, Rotary District 7390 and Rotary International for information and promotional purposes now and in the future.
4. I agree that my child is physically able to participate in the Conference.
5. I understand that my child must attend the entire conference from registration on Sunday through the banquet on Thursday. Students will not be allowed to arrive late or leave early unless for an extenuating circumstance (i.e. death in the family). If my child does not attend the conference, he /she will be required to reimburse the sponsoring Rotary Club for the entire cost of registration (\$500).

Date _____ Signature of Parent or Guardian _____

STUDENT CONSENT FORM

By signing this, I consent to the following:

1. I understand that I may not drive my own car to and from the Conference. My parents must provide my transportation.
2. I agree that I am physically able to participate in the conference.
3. I understand that I must attend the entire conference from registration on Sunday through the banquet on Thursday. Students will not be allowed to arrive late or leave early unless for an extenuating circumstance (i.e. death in the family). If I do not attend the conference, I will be required to reimburse the sponsoring Rotary Club for the entire cost of registration (\$500).

Date _____ Signature of Student _____

Are you over the age of 18? Yes No

SPONSORING CLUB ENDORSEMENT

I hereby acknowledge that _____ has been selected by
and is recommended by the Rotary Club of _____

Our Club will be responsible for the cost of the program.

Date _____ Signature of RYLA Club Chair or Club President _____

Cell Phone # _____ Email Address: _____