



District 7890, Zone 31, RYLA Program
 Rotary Youth Leadership Awards Committee
 "Service Above Self"

ONE DAY EVENT TO BE HELD AT SPRINGFIELD COLLEGE, SPRINGFIELD, MA

JUNE 2, 2018

PRINT: Name: _____

Address: _____ City: _____ State _____ Zip _____

Home Phone: (____) _____ School: _____

Activities/Hobbies: _____ Graduation Year: _____

Lunch will be served. Do you require a vegetarian lunch? ___Yes ___No

Students/Parents/Guardians, by signing below, please understand the Rotary Youth Leadership Awards Safety and Welfare Rules which promote the safety of the participant, and will insure compliance with MA and CT state laws, and the Springfield College Liability Form and policies. Rules will be enforced and violators will be dismissed from the RYLA program. Parents are responsible for arranging transportation home if dismissal is necessary.

Mandatory That Outdoor Clothing and Sneakers must be Worn

CIRCLE YOUR T-SHIRT SIZE: M L XL XXL

List a relative or neighbor who is authorized to assume responsibility if parents cannot be reached immediately:

Name: _____ Relationship: _____ Phone: _____

If I am unable to be contacted in case of an accident or illness, I authorize the RYLA Committee to contact the physician indicated below. If the physician listed is not available, I authorize the RYLA Committee to get immediate care for the Participant's welfare. We prefer the following hospital if one is required:

Hospital: _____ Phone: _____

Physician: _____ Phone: _____

Allergies/Special Conditions: _____

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

******* I agree that RYLA may use photographs of my son and/or daughter without name for educational purposes. *******

ATTENTION LOCAL ROTARY CLUB RYLA/YOUTH COORDINATOR
This Form Must Be Signed By A Rotary Club Representative to be valid

Total program enrollment may be limited. Only **High School Sophomores** are eligible to participate.

\$150 fee payable to District 7890 RYLA

Application Deadline May 18, 2018 – NO Exceptions - NO Rain Date

Registrar Larry N. Ottoson, 25 Lenox Circle, East Longmeadow, MA 01028 413-525-7116

CLUB COORDINATOR (Signature): _____ Date _____

Club Name: _____ Phone Number: (____) _____

Date received: _____

One of _____ Application(s)

Club: _____

Check: _____

Amount: _____

Date Confirmation _____