**Rotary Adventure in Human Rights (RAHR)**

**2015 Registration Form**

Attention: Irwin Kumka

300 -1440 Jack Blick Ave

Winnipeg MB R3G 0L4

e-mail Irwin\_kumka@ajg.com

RAHR is a program focusing on human rights and experiencing Winnipeg and surrounding areas. Only 24 students will be selected to attend RAHR. Get your application in early as the program will fill up quickly.

***Return completed application to your local Rotary Club***

**RAHR** August 16 to August 23, 2015. Students must be entering Grade 10 or 11.

**RAHR LOCATION: The Canadian Museum for Human Rights and the University of Winnipeg**

Successful students will receive confirmation from their Rotary Club. Information about the RAHR program will come from the District.

**Return application to your local Rotary Club by May 15th.**

**Please fill out all the information in the application. (PLEASE PRINT)**

**Name of** **Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Legal Given Name Family Name

**Student Normally Called (nickname)**

**Sex: M**  **F** 

**Address**

**City Province Postal Code \_\_\_\_\_\_\_\_\_\_\_\_**

**Residence Telephone Number ( ) Date of Birth / /**

**month day year**

**E-Mail Address**

**Names of Parents or Legal Guardians**

(Parent/Guardian) E-Mail Phone **#**

Preferred

(Parent/Guardian) E-Mail Phone **#**

Preferred

Is either parent/guardian a Rotary Member? Yes  No 

T-shirt size (adult size – select one) Small  Medium  Large  X-Large  2X-Large 

**Name of High** **School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Complete** **Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Have you even been involved in any other Rotary youth program? **Yes**  **No** 

What recreation, hobbies, sports, musical and cultural activities do you participate in?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What other information can you give to enable a better assessment to be made of your potential for selection? (Achievements, Awards, Talents, etc.)

Why are you interested in the Rotary Adventure in Human Rights program and what do you hope to gain that will help you with your present and future plans?

List four (4) topics that you would like to learn more about.

1.

2.

3.

4.

### RAHR AGREEMENT:

If I am accepted as a participant, I fully understand that attendance to RAHR is a privilege and fully agree to abide by all the regulations established by the officials of RAHR. I will strive to be a worthy representative of my school and community by contributing my best efforts towards the success of RAHR. I understand that a refund WILL NOT be provided if I am unable to attend. However, an alternate attendee will be accepted without any penalty. I understand that this is a smoke-free environment and agree to respect this regulation. I am fully covered by appropriate medical insurance. I understand that I am required to attend all meals, classes, and activities. This is a closed program and no visitors or friends will be allowed while RAHR is in session.

Signature of Applicant Date

My son/daughter has permission to participate as a participant at RAHR and understands the RAHR agreement

Signature of Parent or Guardian Date

**PLEASE SIGN THIS MEDICAL FORM AND AUTHORIZATION ATTACHED**

**Name of participant:**

Parent/Guardian day # evening #

Parent/Guardian day # evening #

Emergency Contact: Phone #

(Other than Parent/Guardian.)

Relationship to applicant:

Family Physician: Physician’s Phone #

Medical Number Please bring medical cards to RAHR.

Do you have any specific medical condition or allergies? **Yes**  **No** 

If yes:

Medical Condition/Allergy Information:

List any medications you require to bring:

If selected yes, please remember to bring your medical information card and all your medicines

# RAHR Participant Release, Indemnity, Medical and Photography Authorization Form

In consideration of the acceptance of my child (Please print)\_ ,

as a participant in the RAHR program, I the undersigned parent/guardian, hereby release and discharge RAHR from any and all claims, demands, actions and causes of action which I may have for any damages, loss or injury suffered by my child or incurred by my child and resulting directly or indirectly from the participation of such child in the program.

I hereby undertake to indemnify RAHR and its agents, volunteers and employees and hold them harmless from and in respect of any and all claims, demands, actions and proceeding which may be brought by or on behalf of my said child against RAHR arising out of his/her participation in the aforesaid program and in respect of any damages, loss or injury incurred by him/her during or as a result of such participation, including all costs and expenses incurred in defending any and all such claims, demands, actions and proceeding.

### MEDICAL AUTHORIZATION:

I hereby understand that emergency measures may be necessary to safeguard my child’s health and authorize the staff of the RAHR program to make any and all decisions regarding the emergency treatment of my child.

### PHOTOGRAPH AUTHORIZATION:

I also understand RAHR retains the right to use for publicity and advertising purposes, photographs of participants, taken during the program. No names are used with photographs for the protection of the child.

I, \_ (Parent/Guardian) have read and understood and agree with the Release, Indemnity, Medical and Photography Authorization above.

### Dated this Day of

**Signature (Parent/Guardian)**

**FOR THE ROTARY CLUB TO COMPLETE**:

Rotary Club of

Rotary Contact Phone #

Preferred

Alternate Rotary Contact Phone #

Preferred

## E-mail

**PLEASE CHECK THAT THE FOLLOWING ACCOMPANIES THIS REGISTRATION**

**Registration Complete**  **Registration Fee**  **Photo Attached** 

**ROTARIANS, Forward your selected student’s application(s), registration fee payable to RAHR:**

**RAHR**

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