



SIGNATURES AND MEDICAL INFORMATION

These forms must be printed, signed, dated, scanned and emailed to ryladistrict5550@gmail.com or sent to the RYLA Chair in the post in order to confirm attendance at camp. Forms must be in by **July 10th**.

CAMPER RELEASE AND INDEMNITY AUTHORIZATION

In consideration of the acceptance of my child (camper name) _____ as a participant in the Rotary Youth Leadership Assembly (RYLA) camp, I, the undersigned parent/guardian, hereby release and discharge RYLA 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 RYLA 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 RYLA camp 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 RYLA camp program to make any and all decisions regarding the emergency treatment of my child.

MEDIA AUTHORIZATION

I understand RYLA retained the right to use for publicity and advertising purposes, photographs and video of campers taken at camp. No names are used with media for the protection of the child.

I, (parent/Guardian) _____ have read and understood and agree with the Release, Indemnity, Medical and Media Authorization above. My son/daughter has permission to participate as a delegate at this RYLA camp and understands the camp agreement.

Signature of Guardian

Date

CAMP AGREEMENT

I fully understand that attendance to this camp is a privilege and fully agree to abide by all the regulations established by the officials of the Rotary Youth Leadership Assembly camp. I will strive to be a worthy representative of my school and community by contributing my best efforts towards the success of the camp. 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, sessions, and activities. This is a closed camp and no visitors or friends will be allowed while camp is in session. I understand that I will not be permitted to leave the campground during the camp.

Signature of Camper

Date

Please provide medical information on second page.



SIGNATURES AND MEDICAL INFORMATION CONT'D

MEDICAL INFORMATION

Family Physician: _____ Physician Phone #: _____

Health Card Number: _____ *Please bring health card to camp

Please list any medical conditions, allergies, and medications you will need to bring to camp.

Please list any dietary restrictions you may have, if any.
