| District 7010 rotary youth leadership awardApril 12-14, 2019 - Fee: $500/participant **2019 RYLA Registration Form Due: March 15 2019**  To complete online – please type in the white boxes only. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ROTARY CLUB INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Sponsoring Rotary Club: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rotary Contact Person: | | | | | | |  | | | | | | | | Phone: | | | | | |  | | | | | | | | | | Fax: | | | | | |  | | | | | |
| Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | | |  | | | | | | | | | | | | ON | | | | | | Postal Code: | | | | | | |  | | | | | | | | | | | | | | |
| E-mail: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TRANSPORTATION Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ARRIVAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Rotarian Responsible: | | | | | | | | | |  | | | | | | | | | | | | | | | | Phone: | | | | | | | |  | | | | | | | | |
| Time of Arrival: | | | | | |  | | | | | | | | | | | | | *Please note the Weekend starts at 9:30 am on Friday.* | | | | | | | | | | | | | | | | | | | | | | | |
| DEPARTURE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Rotarian Responsible: | | | | | | | | | |  | | | | | | | | | | | | | | | | Phone: | | | | | | | |  | | | | | | | | |
| Time of Departure: | | | | | | |  | | | | | | | | | | | | *Please note the Weekend ends at 11:00 am on Sunday.* | | | | | | | | | | | | | | | | | | | | | | | |
| participant information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Participant: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Male: | | | | | |  | | Female: | | |  | |
| Address: | | | | |  | | | | | | | | | | | | | | | | | | | Phone: | | | | | |  | | | | | | | | | | | | |
| City: |  | | | | | | | | | | | | | | ON | | | | | Postal Code: | | | | | |  | | | | | | | | | | | | | | | | |
| E-mail Address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth: | | | | | |  | | | | Health Card Number: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Name of School: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Allergies/Medical Conditions: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Special Diet Restrictions (Vegetarian, etc.): | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| T-Shirt Size (unisex – male sizing): | | | | | | | | | | *Please check one* | | | | XL | | | |  | | | | L | | |  | | | | M | | | | | |  | | | | S |  | | |
| Emergency Contact | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | Relationship to Participant: | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Phone number(s) where contact can be reached during the RYLA Weekend: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home: | | |  | | | | | | | Cell: | |  | | | | | | | | | | | | | | Work: | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PARTICIPANT TO READ & SIGN:**  I understand that by agreeing to attend this Rotary sponsored weekend, I will participate respectfully in all activities and follow Rotary and YMCA Geneva Park rules of conduct (no alcohol, drugs, or smoking). I am committed to attending for the specified time, from 9:30 am Friday, April 12 to 11:00 am Sunday, April 14, 2019. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Participant: | | | | | | |  | | | | | | | | | | | | | | | | Date: | | | |  | | | | | | | | | | | | | | | |
| Please mail your Registration Form to: Dan Daoust, 145 Girdwood Crs, Porcupine ON PON 1K0. Please include your cheque for $500 - payable to “*Rotary District 7010*” and ‘RYLA 2019’ on the memo line. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Parental Waiver Enclosed | | | | | | | Yes | |  | | No | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| For more information please contact Dan Daoust at [ryla\_7010@hotmail.com](mailto:ryla_7010@hotmail.com) or 705.288.1849. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |