| District 7010 rotary youth leadership awardApril 21-23, 2017 - Fee: $450/participant **2017 RYLA Registration Form Due: March 14 2017**  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 9:30am Friday, April 21 to 11:00am Sunday, April 23 2017. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Participant: | | | | | | | | | |  | | | | | | | | | | | | | Date: | | | |  | | | | | | | | | | | | | | |
|  | Parental Waiver Enclosed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For more information and to submit your form please contact Sebastien Vermette at [ryla7010@hotmail.com](mailto:ryla7010@hotmail.com) or 705.365.0422. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |