| District 7010 rotary youth leadership awardApril 21-23, 2017 - Fee: $450/participant**2017 RYLA Registration FormDue: 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 or 705.365.0422. |