



## Rotary Youth Leadership Award

### 2017 RYLA Application

#### Application Instructions:

1. Use black ink fine point pen. **PRINT** clearly. Applications that cannot be read will be rejected.
2. Be sure to answer every question – If a questions doesn't apply, please answer "NA" not applicable.
3. Be sure to include the name of the Rotary Club that is sponsoring/paying for your participation.
4. Before completing the application be sure to review information on the rotary website at [www.rotarydistrict7470.org](http://www.rotarydistrict7470.org) (2017 RYLA on the right side) especially frequently asked questions.
5. 2017 RYLA will be held at Drew University the weekend of June 16 - 18, 2017. The program is based on full participation from Friday, 4:30 pm to Sunday, 11:30 am. If you have any conflict that would require you to leave the program for any reason **DO NOT REGISTER.**
6. RYLA is specifically for high school Juniors.
7. Acceptance into the program is not complete until payment has been received from the sponsoring Rotary Club.
8. Additional questions contact RYLA registrar, information below.

#### Send or email completed application to:

Barry Kroll  
RYLA Registrar  
27 Laurel Way  
Madison NJ 07940

Email: [barrykroll@aol.com](mailto:barrykroll@aol.com)  
Phone: 973-476-2772

Note: Email attachment must be either a word document (doc/docx) or PDF format



District 7510 and 7470  
2017 RYLA Application Form  
June 16 – 18, 2017 – Drew University

**PRINT clearly use black ink fine point pen**

Name of Sponsoring Rotary Club: \_\_\_\_\_  
(Applications not accepted unless Rotary Club Info is Included)

**Student Information:**

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Gender:  Male  Female

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Primary Email Address: (Print Clearly) \_\_\_\_\_

Confirm Email Address: (Print Clearly) \_\_\_\_\_

What is your T-shirt size?  S  M  L  XL  XXL

Do you have any physical or medical conditions that prevents you from actively participating in the RYLA?  
 No  Yes Explain: \_\_\_\_\_

**High School Information:**

Name of High School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Location of High School (Town): \_\_\_\_\_

Guidance Staff Name (optional): \_\_\_\_\_

**Parent or Guardian Information:**

Father Name: \_\_\_\_\_ Emergency phone: \_\_\_\_\_

Mother Name: \_\_\_\_\_ Emergency phone: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student Signature: \_\_\_\_\_

**Send or email completed application and payment to:**

Attn: Barry Kroll, RYLA Registrar, 27 Laurel Way, Madison NJ 07940

Email: [barrykroll@aol.com](mailto:barrykroll@aol.com)

Phone: 973-476-2772

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**WAIVER MUST BE RECEIVED PRIOR TO ARRIVAL AT DREW UNIVERSITY**



Rotary Districts 7470 & 7510  
Drew University  
June 16, 17, 18, 2017

**WAIVER FORM MUST BE RECEIVED PRIOR  
TO ARRIVAL AT DREW UNIVERSITY**

**PARENTAL WAIVER**

Student First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

We hereby release and agree to save and hold harmless Drew University, Rotary chaperons, Rotary leaders, committee members of all Rotary Clubs, as well as the sponsoring Rotary District and Rotary International from any and all liability which the student may or could claim or assert against any such person or Rotary entity, or any of their members, officers, directors and committee members by reason of any personal injury or death which could be suffered by said student and for loss of or damage to any personal property or any loss, monetary or otherwise, during the period of his/her stay and until his/her return to his/her home expressly any and all claims for liability at Drew University which the undersigned might or could assert. We also give permission for our Student to be photographed/video for promotion of the RYLA program.

I understand that infraction of any rules, regulations and/or guidelines concerning proper behavior may cause my son/daughter to be withdrawn from the program.

PARENTS/GUARDIAN: I declare that I know and accept the rules of Rotary District 7470. I understand that if my son/daughter does not obey the rules he/she may be sent home immediately.

Signatures:

\_\_\_\_\_  
Student Signature \_\_\_\_\_ Date

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date

**Send or email waiver to:**

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