



District 7890, Zone 31, RYLA Program
Rotary Youth Leadership Awards
"Service Above Self"

SPRINGFIELD COLLEGE, SPRINGFIELD, MA

MAY 31, 2025 8:00 AM TO 4:00 PM

Name (Please Print): _____

Address: _____ City: _____ State _____ Zip _____

Home Phone: (____) _____ Email: _____

School: _____ Graduation Year: _____ Activities/Hobbies: _____

Lunch will be served. Do you have any special dietary requirements? Please specify:

Students/Parents/Guardians - By signing below, you acknowledge and agree to the Rotary Youth Leadership Awards (RYLA) Safety and Welfare Rules, which are designed to protect participants and ensure compliance with MA and CT state laws. You also agree to the terms outlined in the Springfield College Liability Form and policies. Please note that these rules will be strictly enforced, and any violations may result in immediate dismissal from the RYLA program. If a participant is dismissed, parents/guardians will be responsible for arranging transportation home.

Outdoor Clothing and Sneakers are MANDATORY

PLEASE CIRCLE YOUR T-SHIRT SIZE: S M L XL XXL

List a relative or neighbor who is authorized to assume responsibility if parents cannot be reached immediately:

Name: _____ Relationship: _____ Phone: _____

If I am unable to be contacted in case of an accident or illness, I authorize the RYLA Committee to contact the physician indicated below. If the physician listed is not available, I authorize the RYLA Committee to get immediate care for the Participant's welfare. We prefer the following hospital if one is required:

Hospital: _____ Phone: _____

Physician: _____ Phone: _____

Allergies/Special Conditions: _____

By signing, I agree that RYLA may use photographs of my child without name for educational or publicity purposes.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

ATTENTION LOCAL ROTARY CLUB RYLA/YOUTH COORDINATOR

This Form Must Be Signed By A Rotary Club Representative to be valid

Total program enrollment may be limited. Only High School Sophomores are eligible to participate.

\$200 fee payable to District 7890 RYLA per student

Application Deadline May 10, 2025 - NO Exceptions - Event is RAIN or SHINE

CLUB COORDINATOR (Signature): _____ Date _____

Club Name: _____ Phone Number: (____) _____

Registrar: Larry N. Ottoson, 25 Lenox Circle, East Longmeadow, MA 01028 413-525-7116