



Vancouver Island, October 28-30, 2016

Rotary Club of _____

Rotarian Contact _____

Telephone _____ Email _____

APPLICATION

for
A ROTARY YOUTH LEADERSHIP AWARDS (RYLA)

NAME _____ SEX _____

NAME ON BADGE IF DIFFERENT THAN ABOVE _____

ADDRESS _____ CITY _____

STATE/PROVINCE _____ ZIP/Postal Code _____

Age at commencement of seminar _____ CELL PHONE _____

HIGH SCHOOL _____

Interact Club Member Yes _____ No _____ T-shirt size _____

ANSWER THE FOLLOWING QUESTIONS ON A SEPARATE PIECE OF PAPER:

- 1) EDUCATION (Please include major and minor subjects taken as well as any educational awards received.):
- 2) SCHOOL ACTIVITIES PARTICIPATION:
- 3) HOBBIES AND RECREATIONAL INTERESTS:
- 4) ORGANIZATION MEMBERSHIP (Please indicate any offices held and other responsibilities.):

Yes, I want to attend RYLA. I understand that I will be bringing personal belongings and that neither Camp Qwanoes nor RYLA are responsible for any items lost or stolen while attending this conference.

(Signed) _____

PLEASE NOTE: THIS FORM ALONG WITH THE PARTICIPATION RELEASE FORM MUST BE COMPLETED AND RETURNED AS SOON AS POSSIBLE TO EITHER YOUR SCHOOL COUNSELOR OR ROTARIAN REPRESENTATIVE.

Family Doctor _____ Telephone# _____

(Canadian Students) Provincial Medical Plan Number _____ / _____ / _____ / _____

(USA Students) Medical Plan Carriers Name _____

Plan # _____ Telephone # _____

Out of Country Medical Coverage Carriers Name _____

Plan Number _____

Out of Country Medical Plan Carriers Telephone Number _____

Dietary Needs, Allergies, etc. _____

Medical Conditions _____

Prescription medicines you will have with you _____

Special Assistance or any other information _____

In the event of an emergency, I authorize the above camp staff and/or Camp Qwanoes and/or BC Emergency Services to arrange for emergency transportation and/or emergency medical care.

In Case of Emergency, please notify:

Name _____ Number _____

Name _____ Number _____

Signature of Participant

Date

Printed Name

(Signature of Parent/Legal Guardian)

Date

Printed Name

*Parent or legal guardian must also sign for participants under 18 years of age