



Rotary Youth Leadership Awards (RYLA) Conference  
District 6420

**APPLICATION FORM 2019**

**CAMP DATES:                              MAY 3 - 5, 2019**

NIU Lorado Taft Campus, Lowden State Park, Oregon, IL

**PLEASE PRINT CLEARLY**

Student Name \_\_\_\_\_ (  ) Male (  ) Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ (All Follow Up Correspondence by Email)

High School \_\_\_\_\_ Grade \_\_\_\_\_ Student Cell # \_\_\_\_\_

**T-Shirt Size (please circle):**                      **S     M     L     XL     XXL**  
 (  ) First Time Student                      (  ) Returning Student                      (  ) Exchange Student  
 Dietary Restrictions: (  ) Vegetarian (  ) No Red Meat (  ) No Poultry (  ) Gluten Free (  ) Other

Parent or Guardian Name \_\_\_\_\_

Parent or Guardian Phone Primary \_\_\_\_\_ Secondary \_\_\_\_\_

**Parent email:** \_\_\_\_\_

**Parental Permission & Medical Release:**

\_\_\_\_\_ (Camper) has my permission to participate in the 2019 RYLA Conference. I understand that neither Rotary International, Rotary District 6420, nor the sponsoring Rotary Club shall be, in any case or under any circumstance, liable for any illness, injury, or damage/loss of property incurred by the camper during the program. It is understood that the camper will attend the entire weekend program.

Should emergency medical treatment be necessary, I understand that every effort will be made to contact parent(s) or guardian(s) of camper. In the event I cannot be reached, I hereby authorize the RYLA Committee to act on my behalf and secure appropriate emergency medical care for my child.

**MEDICAL/BEHAVIORAL CONCERNS OR SPECIAL ACCOMODATIONS NEEDED FOR CAMPER** \_\_\_\_\_

\_\_\_\_\_

Insurance Company \_\_\_\_\_ Group/Policy Number \_\_\_\_\_

Subscriber/Insured \_\_\_\_\_

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Signature of Student

Date

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Signature of Parent/Guardian

Date

**Endorsement by School Principal**

I hereby certify that the student making this application is performing well in school and to the best of my knowledge, will benefit from this program.

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Signature of School Principal

Date

**STUDENTS, please return this form to your Rotary Club/RYLA representative.**

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***FOR ROTARY CLUB USE ONLY***

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Name of Sponsoring Rotary Club: \_\_\_\_\_

Club RYLA Chairman: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Registration Fee Enclosed (by Rotary Club) **\$180.00** per student

**\*\*Rotary Clubs- Please return the applications by March 15, 2019**

**Applications received AFTER April 1<sup>st</sup> will incur a \$15 late fee.**

**Payment deadline is April 15<sup>th</sup>.**

**Payments are non-refundable for cancellations after April 15<sup>th</sup>.**

(Clubs-please try to fill any cancellations with another student if possible)

**Make checks payable to "Rotary District 6420 RYLA"**

Please return this form via fax or email (below) and send payment from your Rotary Club to:

**Email:** roystr1@frontier.com

**Fax** (815) 562-2167

Roy's Transfer

**Attn: Pat Burch**

PO Box 317

Rochelle, IL 61068

Office: (815) 562-2160 Home (815) 562-8851