

**PARENTAL PERMISSION, MEDICAL RELEASE & INSURANCE INFORMATION**

**STUDENTS WILL NOT BE ALLOWED TO STAY WITHOUT THIS COMPLETED FORM.**

**Please send completed form to Pat Burch: [royst1@frontier.com](mailto:royst1@frontier.com)**

Parental Permission & Medical Release:

\_\_\_\_\_ (Camper) has my permission to participate in the 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 ACCOMMODATIONS NEEDED FOR CAMPER:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Insurance Company \_\_\_\_\_

Group/Policy Number \_\_\_\_\_ Individual ID Number \_\_\_\_\_

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

\_\_\_\_\_  
 Signature of Student

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date