



Rotary Youth Leadership Award

2019 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.njrotary.org (2019 RYLA on the right side) especially frequently asked questions.
5. 2019 RYLA will be held at Drew University the weekend of June 21 – 23, 2019. 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. (entering senior year)
7. Acceptance into the program is not complete until payment has been received from the sponsoring Rotary Club.
8. Return application with completed consent/waiver form (below)
9. Make Check Payable to RYLA – Rotary District 7470 Foundation
10. Additional questions contact RYLA registrar, information below.
11. No penalty for cancellations before May 31, 2019. After May 31, 2019, parents/students are responsible for reimbursing sponsoring Rotary club for the \$275.00 fee in the event of cancellation or no show.

Send or email completed application to:

Barry Kroll
RYLA Registrar
27 Laurel Way
Madison NJ 07940

Email: barrykroll@aol.com

Phone: 973-476-2772

Note: Email attachment must be either a word document (doc/docx) or PDF format – no jpg.



Rotary International

District 7475

June 21 – 23, 2019

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
Make Check Payable to RYLA – Rotary District 7470 Foundation

Email: barrykroll@aol.com

Phone: 973-476-2772

WAIVER MUST BE RECEIVED PRIOR TO ARRIVAL AT DREW UNIVERSITY



**Rotary District 7475
Drew University
June 21 – 23, 2019**

PARENTAL CONSENT

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 give my consent for my son/daughter to participate in the RYLA program and 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. The undersigned applicant and parents give consent to have photographs or videos used in the interpretation and promotion of the RYLA program.

Signatures:

Student Signature

Date

Parent/Guardian Signature

Date

Send or email consent form to:

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

Email: barrykroll@aol.com

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