



## Rotary Youth Leadership Award 2022 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 question 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](http://www.njrotary.org) (2022 RYLA on the right side) especially frequently asked questions.
5. 2022 RYLA will be held at Drew University the weekend of June 10 – 12, 2022. 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.**  
(Note: Be sure to check SAT and ACT test dates) ACT test is June 11th
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, consent/waiver form and copy of proof of vaccination card
9. Rotary Clubs – Make Check Payable to RYLA – Rotary District 7475 Foundation
10. Additional questions contact RYLA registrar, information below.
11. No penalty for cancellations before May 31, 2022. After June 1, 2022, no refunds or credits. Parents/students/Rotary clubs for full payment of \$275 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](mailto:barrykroll@aol.com)  
Phone: 973-476-2772

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



Rotary International

District 7475

June 10 – 12, 2022

**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: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Use personal email address, not you school email address:

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](mailto:barrykroll@aol.com)

Phone: 973-476-2772

Include Waiver below with Application



**Rotary District 7475  
Drew University  
June 10 – 12, 2022**

**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](mailto:barrykroll@aol.com)

**Phone:** 973-476-2772

**Note:** Email attachment must be either a word document (doc/docx) or PDF format – No JPG or Google Docs. Be sure to attach proof of vaccination.