



**ROTARY INTERNATIONAL DISTRICT 7030**  
**ROTARY YOUTH LEADERSHIP AWARDS 2015-16 CONFERENCE**  
**MEDICAL RELEASE FORM**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

City/Town: \_\_\_\_\_ Country: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

I hereby authorize any director, counselor, or agent of Rotary International District 7030 to obtain emergency medical treatment for myself/child at any time during the RYLA 2015-16 Conference. I understand that an attempt will be made to notify the parents first. If the parents are not available, however, the youth will be taken to the emergency room at the nearest hospital as circumstances may warrant.

Name & Address of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ **A photocopy of insurance card is required.**

Do any pre-certification, notification, or other requirements exist with respect to the health insurance of participant? If so, please specify: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Please list any special medical information (including medication and allergies) concerning the participant: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian (for participants under 18 years): \_\_\_\_\_

This form is part of your registration and **must** be submitted with your Registration and Rules of Conduct Forms. Registration deadline is 30<sup>th</sup> September, 2015 at USD750.00 per participant (*USD 825.00 from 1<sup>st</sup> - 15<sup>th</sup> Oct, 2015 & USD900.00 from 16<sup>th</sup> Oct – 5 Nov, 2015*).