



**ROTARY INTERNATIONAL DISTRICT 7030
ROTARY YOUTH LEADERSHIP AWARDS 2015-16 CONFERENCE
PARTICIPATION PERMISSION FORM**

Please print copies for parents / guardians. No participant under the age of 18 will be allowed to participate in RYLA District 7030 Conference without a signed participant permission form.

PARENT / GUARDIAN NAME: _____
HOME ADDRESS: _____

PHONE NUMBER: _____
CHILD NAME: _____
SCHOOL: _____
DATE: _____

Parental Statement:

I hereby give approval for my child to participate in RYLA District 7030 Conference, 2015-16.

I understand that the RYLA District 7030 Committee will not be held liable for any participant's activity outside of the RYLA District 7030 Conference including, but not limited to, the grounds of the venue.

I shall provide my child with all required personal belongings, and by signing this form, I declare that I am the legal parent/guardian of the minor child listed above and authorized to grant such permission.

Signature: _____

Note to Parents: Please provide any health conditions, allergies or diet/mental/physical restrictions that your child may have and medications that he/she may be using to treat this condition on the medical form attached. Indicate if the child has your permission to take such medication while attending the event. You may also include the name of a hospital or doctor of your choice and their phone numbers.

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