



CAMP RYLA APPLICATION

April 24 – April 28, 2009

PLEASE TYPE OR PRINT CLEARLY

Full Name: _____ Age: _____ Male Female

Nick Name (for name badge): _____ Size (for tee shirt) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Email Address: _____

High School: _____ Grade: _____

SPONSORING ROTARY CLUB OF STUDENT: _____

List school activities and groups that you belong to: _____

List activities and groups that you belong to outside of school: _____

List any position(s) of leadership and responsibilities for activities listed above: _____

Note: Food Allergies or Restrictions: Vegetarian Vegan Other (explain) _____

RYLA Applicant's Signature: _____

If my child is selected as a Rotary Youth Leadership Awardee, I will sign the necessary medical release and statement of understanding of Camp RYLA rules prior to my child being accepted to attend Camp RYLA.

____ I will allow photographs taken of my son/daughter to be used in Camp RYLA exhibits, Camp RYLA publications, and publications published on Camp RYLA web sites or in other digital media.

____ I will not allow photographs taken of my son/daughter to be used by Camp RYLA

Parent/Guardian Name (please print) _____

Signature of Parent/Guardian: _____

Emergency Phone (Day) _____

Emergency Phone (Evening/Weekends) _____