



# CAMP RYLA APPLICATION

April 23 – April 27, 2010

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:** \_\_\_\_\_  
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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) \_\_\_\_\_