



APPLICATION FORM

District 9500 RYLA Seminar - 5th to 11th April 2010
Rotary Youth Leadership Award - District 9500 Committee



Sponsor Club – The Rotary Club of: _____

I hereby submit my Application to the R.Y.L.A. Committee for consideration as a possible participant in the 2010 Rotary Youth Leadership Award (RYLA) Program and submit the following information in support of my Application.

Preferred Badge Name:- _____		Given Names:- _____	
Family Name:- _____		Marital Status:- _____	
D.O.B.:- _____	Gender:- _____	Tel. No's: Home:- _____ Bus:- _____ Mob:- _____	
Address:- _____			Post Code:- _____

Medical Information In The Event Of Emergency

Emergency Contact – Name:- _____ Contact Telephone No:- _____
Do you suffer from any medical condition, which may require treatment during your attendance at R.Y.L.A. for 7 days? (E.g. Asthma or any other reoccurring condition that may manifest itself with our warning) YES:- <input type="checkbox"/> NO:- <input type="checkbox"/> If YES please give details below of actions required in the event of any emergency:- _____ _____

Do you have any dietary requirements? YES:- NO:- ie. Vegetarian, Low Cholesterol, Salt Free, Gluten Free
If YES, Please give details:-

Medicare No:- _____ Private Fund:- <input type="checkbox"/> Health Care Card:- <input type="checkbox"/>
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General Information About Yourself

I am an active member of the following organisations. (Give details of any offices held, leadership responsibilities or training previously undertaken):-

Secondary School attended:- _____
Tertiary College/ University:- _____
Certificates/ Qualification:- _____
Occupation:- _____
Employee:- _____
Do you play a musical instrument:- YES:- <input type="checkbox"/> NO:- <input type="checkbox"/> If so what type:- _____
If you do play an instrument please consider bringing it with you to RYLA as another form of entertainment for all.

T- Shirt Size:- Small Medium Large Extra- Large

List your hobbies and interests:-

I submit this additional information in support of my application (if necessary attach a page outlining your reasons)

Please supply the details of two referees:-

1. Name:- _____ Telephone No:- _____
Address:- _____ Post Code:- _____

2. Name:- _____ Telephone No:- _____
Address:- _____ Post Code:- _____

Agreement of Terms and Conditions

I understand and agree to the following conditions if I am selected as a RYLA Awardee.

- ❖ I will participate fully and attend all sessions and activities during the week of the seminar.
- ❖ I agree not to be absent from any part of the seminar at any time for the full week.
- ❖ I agree not to use or consume any non- prescribed drugs or alcohol during the seminar.
- ❖ I agree to leave at home or surrender my mobile telephone for the Administrator for the full week so I can give full attention to the training provided and my fellow awardees without distraction.
- ❖ I certify that I have attained the age of 18 years and am not older than 25 years by the 28th day of February immediately preceeding the date of the seminar for which I apply to attend.
- ❖ I agree to the seminar Administrator or counselor seeking and authorizing the administration of any medical treatment deemed necessary in an emergency if I cannot do so and at my cost.
- ❖ I have obtained the consent of the two referees named on the application and authorize the sponsor club selection panel or the Rotary District to contact them for information accordingly.
- ❖ I am prepared to appear before a selection panel and have no objection to the conduct of the committee making confidential enquires relating to my application.
- ❖ I understand that the decision of the selection committee will be final in all matters relating to my application and no explanation will be offered to the unsuccessful applicants.
- ❖ I understand that in accordance with the Federal Privacy Act and amendments all of the information supplied in this application for or disclosed to leaders whilst conducting the seminar will only be used by the seminar organizer and camp leaders. I also understand that some information may be released to supplier's and/ or contractors to ensure my safety and well being during the seminar but not for any other purpose without my express permission.
- ❖ I am will – unwilling (delete that not applicable) to receive letters and promotional material from Rotary International District 9500 and approved committees until further notice from me in writing.
- ❖ I give permission for photographs taken at the Residential to be included in promotional material used by the Rotary District to advertise the program.

Dated _____ Signed _____

R.Y.L.A. DISTRICT COMMITTEE ADMINISTRATION ONLY

Date application received _____ Application Accepted/ rejected _____