



Rotary Youth Leadership Award

District 5300, Rotary International

Parental Consent for Participation & Medical Treatment

March 5-7, 2010.

Please print or type: *Please complete ALL items* Parent/Guardian MUST sign!

| | | | |
|--|------------------------------|-------------|------|
| Student's Name: | Name for Badge: | | |
| Address: | Sex: | Birth date: | Age: |
| City: | State: | ZIP: | |
| School | Grade | | |
| Students Email Address: | Student's Cell Phone Number: | | |
| Parent/Guardian's Name: | Parent's 24 Hr. Phone () | | |
| Parent/Guardian's Address (if different from above): | Home Number () | | |
| Alternate Contact Name: | Alt. Phone Number: () | | |
| Name of Medical Insurance Company: | Policy Number: | | |
| Physician's Name: | Phone Number: () | | |
| School Name: | Phone Number: () | | |
| Please list any problems, allergies or medical conditions of which we should be aware: | | | |

Please list any prescription medications, with dosage and frequency, which the student is using or might need:

To aid the Rotary RYLA Committee in making their selection for interviews, describe your leadership experiences starting with your most recent experience.

To aid the Rotary RYLA Committee in making their selection for interviews please describe how you feel about leadership and its importance.

To aid the Rotary RYLA Committee in making their selection for interviews please briefly describe your life goals.

To aid the Rotary RYLA Committee in making their selections for interviews please describe why the RYLA experience will be beneficial to you.

PARENTAL/GUARDIAN AUTHORIZATION: I do voluntarily consent to said minor's participation in all activities of the Rotary Youth Leadership Awards (including participation in the high ropes course) to be held at the Astro Camp in Idyllwild, California on March 5 – 7, 2010. I assume responsibility for any medical or treatment/transport fees or costs incurred directly or indirectly because of said minor's participation. I also authorize the representative(s) of Rotary International to arrange for professional care and treatment in case of medical emergency. I hereby give permission to the physician selected by the Rotarian(s) to hospitalize, secure professional treatment for and/or to order injections, anesthesia and/or surgery for the minor named above. *Initial:* _____ In consideration of the Rotary Club, RI Districts and Guided Discovery, Inc., I permit this minor to participate in the Rotary Youth Leadership Awards and to engage in all activities related to the weekend program. I hereby assume the risk associated with participation & agree to hold the Rotary Club, RI Districts & Guided Discovery, Inc., its committees, employees, agents, representatives, & volunteers harmless from any & all liabilities, actions, causes of action, claims or demand of any kind & nature whatsoever which may arise by or in connection with said minor's participation in any activities related to the Rotary Youth Leadership Awards. The terms here shall serve as a Release & the assumption of the risk for said minor, his or her heirs, estate, executor, administrator, & assignees as well as members of my family. *Initial:* _____. I also take full responsibility for any valuables that the above named participant takes to this camp and give permission for Rotary to post pictures of said minor participating in this event in Rotary publications including on its WEB site. *Initial:* _____. I further consent to permit authorized Rotarians to contact said minor after the Rotary Youth Leadership Awards with respect to other Rotary Programs and activities. I certify that the above named participant will not be 18 years old by March 7, 2010. A photocopy of this form is as valid as the original.

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| Print Parent/Guardian's Name: | Signature: | Date: |
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If, for religious reasons, you cannot sign the above consent, please sign below as a waiver of responsibility on behalf of Rotary International, Guided Discoveries and all individual Rotarians.

| | | |
|-------------------------|------------|-------|
| Parent/Guardian's Name: | Signature: | Date: |
|-------------------------|------------|-------|

I understand the commitment that goes along with selection to participate in the RYLA Leadership Conference to be held on the weekend of March 5 – 7, 2010. I will attend the orientation meeting, Rotary club meeting and the entire RYLA conference.

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| Applicant's Name: | Signature: | Date: |
|-------------------|------------|-------|