



2010 Multi-District Rotary International Interact Symposium

Attendee Registration & Parental Consent for Participation/ Medical Treatment
October 22-24, 2010

WHEN COMPLETE PLEASE FAX TO: District 5300 Registrar (877) 290-8273

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

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

Attendees Name:			
Address:	Sex:	Date of Birth:	Age:
City:	State:	ZIP:	
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: ()		
Attendee Email Address:	Email Address: Parent		
<p>Please list any problems, allergies or medical conditions of which we should be aware:</p> <p>Are you allergic to insect stings, do you have an insect sting kit (e.g. EppiPen)?</p>			
<p>Please list any prescription medications, with dosage and frequency, which the Attendee is using or might need:</p>			
ROTARY CLUB:		RETURN BY: OCTOBER 8, 2010	

PARENTAL/GUARDIAN AUTHORIZATION: I do voluntarily consent to said minor's participation in all activities of the Interact Symposium- Interact Symposium to be held at The Irvine Ranch Outdoor Educational Center - (IROEC), at the Irvine Regional Park on October 22-24, 2010. I understand that this leadership camp will involve physical activities including elevated rope apparatus high off the ground. Although these activities are well supervised by adults there is always an inherent risk of physical injury to the participant and I'm willing to have my child participate. **Initial:** _____

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 District 5300 and IROEC to arrange for professional care and treatment in case of medical emergency. I hereby give permission to the physician selected by the Rotarian(s) or IROEC 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, Rotary District 5300, Orange County Council of Boy Scouts of America (BSA) and IROEC, I permit this minor to participate in INTERACT SYMPOSIUM 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, Rotary District 5300, Orange County Council Boy Scouts of America, IROEC and BSA, 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 INTERACT SYMPOSIUM. 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, that could get lost or stolen and I'm fully aware I have been advised that said minor should not bring any valuables. I hereby 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 INTERACT SYMPOSIUM with respect to other Rotary Programs and activities. **Initial:** _____.

A photocopy of this form is as valid as the original. **Initial:** _____.

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 District 5300, Orange County Council Boy Scouts of America, IROEC, BSA and all individual Rotarians.

Parent/Guardian's Name:	Signature:	Date:
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I understand the commitment that goes along with selection to participate in the INTERACT SYMPOSIUM Conference to be held on the weekend of October 22-24, 2010. I will attend the orientation meeting, Rotary club meeting and the entire INTERACT SYMPOSIUM conference.

Applicant's Name:	Signature:	Date:
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