



Rotary Youth Leadership Award

District 5300, Rotary International

Facilitator Application March 4 – 6, 2011

Trained:	Selected	Alternate:
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**** Please print legibly or type -Please complete ALL items****

Name:	I want my name badge to read:	
Address:	Male:	Female:
City:	State:	Zip:
Work Phone:	Home Number:	
Work FAX:	Cell Phone:	
Email:		
Rotary Club:		
Rotary Classification:		
Jacket Size: (cost \$40) S M L XL XXL	President, Year	
Name on Jacket:	RYLA Chair, Year	
	Interact Advisor, Year	
	Other, Year	
Have you participated in previous RYLA programs? YES NO When:		

Please list any problems, allergies or medical conditions of which we should be aware of:

Please list any prescription medications, with dosage and frequency which you are using or might need:

AUTHORIZATION:

I do voluntarily consent to participation in all activities of the Rotary Youth Leadership Awards to be held at the Astro Camp in Idyllwild, California on March 4 – 6, 2011.

I assume responsibility for any medical or treatment/transport fees or costs incurred directly or indirectly because of 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. **Initial: _____**

In consideration of the Rotary Club, RI Districts and Guided Discovery, Inc., 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 my activities related to the Rotary Youth Leadership Awards.

The terms here shall serve as a Release & the assumption of the risk for his or her heirs, estate, executor, administrator, & assignees as well as members of my family. **Initials: _____.**

I also take full responsibility for any valuables that I bring to this camp and give permission for Rotary to post pictures of my participation in this event in Rotary publications including on its WEB site. A photocopy of this form is as valid as the original.

Applicant's Name:	Signature:	Date:
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