



Teen Leadership Camp

Rotary District 5300

Parental Consent for Participation & Medical Treatment

November 19-21, 2010.

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!*

Student's Name:	Name for Badge:	Circle T-Shirt Size Adult: S, M, L, XL	
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: ()		
Email Address: Student		Email Address: Parent	
<p>Please list any problems, allergies or medical conditions of which we should be aware: If no problems please circle NONE – If any please list:</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 student is using or might need: If no prescriptions, please circle – NONE - If any please list:</p> 			
ROTARY CLUB:		RETURN BY: SEPTEMBER 24, 2010	

PARENTAL/GUARDIAN AUTHORIZATION: I do voluntarily consent to said minor's participation in all activities of the Teen Leadership Camp - (TLC) to be held at The Irvine Ranch Outdoor Educational Center - (IROEC), at the Irvine Regional Park on November 19-21, 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 American (BSA) and IROEC, I permit this minor to participate in TLC 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 TLC. 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 TLC with respect to other Rotary Programs and activities. **Initial:** _____.

I certify that the above named participant will not be **over 14 years and 6 months** of age, nor **under the age of 12 years and 6 months** old, on November 1, 2010. **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 TLC Conference to be held on the weekend of November 19-21, 2010. I will attend the orientation meeting, Rotary club meeting and the entire TLC conference.

Applicant's Name:	Signature:	Date:
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To aid the Rotary TLC Committee in making their selection for interviews describe your leadership experience. (Start with the earliest experience, up to the most recent)

	Organization	Leadership Role	How Long
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

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