

This form needs to be filled out online and then printed, signed and mailed with a check from the sponsoring Rotary Club to Jill Eldred at address to the right.

**Mail Advanced RYLA
application to:
Jill Eldred
1007 Eldridge Dr.
Kalamazoo, MI 49006**

**There are two pages to be filled out below.
All blank spaces need to be filled in. Where
it is not applicable, please put NA.**

REGISTRATION AND HEALTH INFORMATION FORM
(To be completed and signed by a parent or legal guardian)

Name of Student Male Female

Birth date Address

City State Zip Student's Email Address

Name of School Grade Parent's Email Address

Name of Sponsoring Rotary Club

Parent/Guardian Name:

Home Phone: Work Phone:

Student's Cell Phone: Parent/Guardian cell phone:

Home: Work: Cell: Other:

RYLA Photo Release

I give permission to have my student photographed for the RYLA identification purposes and group photos to be used by Rotary District 6360 for the District Web site brochures and for other promotion purposes including advertising the RYLA experience.

The undersigned hereby releases and agrees to indemnify Rotary District 6360 their successors and assigns from any and all claims for libel, slander, invasion of privacy or any other claim whatsoever, arising out of the use of such names, images, photographs and statements.

Permission for treatment

I understand that in case of illness or accident an attempt will be made to contact me at the telephone numbers listed above. In an emergency, if RYLA personnel are unable to contact me, I hereby give permission to the RYLA staff to secure emergency medical and/or surgical treatment as well as routine, non-surgical medical care for my minor child. I give my permission for authorized personnel to transport my child to an accredited hospital for diagnosis by a licensed physician. I understand that my child will not be released from the Advanced RYLA session for any other purpose without expressed written consent of a parent or guardian.

By checking this box I indicate I do have insurance for my child and do not need to fill out the form below.

By checking this box I indicate I do not have insurance for my child and therefore need to complete the form below.

RYLA Insurance form for students without insurance.

This form only needs to be filled out if the parents have no insurance.

Rotary International District 6360

I as a parent/s or legal guardian/s accept the responsibility for any medical expenses that may arise while

Name of Attendee

is attending the Rotary Life Leadership Academy (RYLA) program.

Date and Location of RYLA

I understand that this program requires proof of medical insurance which I/we do not have and therefore cannot provide

Type or print Parent/Guardian

Date

Signature _____

Subscribed and sworn to before me on this _____ day of _____ 201__ .

(Print name) Notary Public Date

Signature

My Commission Expires: _____

I have made a presentation to my sponsoring Rotary club about my experience at the Basic RYLA camp and requested that I attend the Advanced RYLA program

Date I gave my presentation

By checking this box I have read and reviewed this entire form and agree with it. I also understand to complete the course, my student must stay to its conclusion.

Signature (must be parent or legal guardian:

Date