



**Rotary District 6510  
Rotary Youth Leadership Academy  
July 20 – 22, 2018**

## STUDENT APPLICATION

### Parental Consent for Participation & Medical Treatment

Please print legibly In Shaded Area - Complete ALL items - Do Not Leave Any Fields Blank  
If the answer is "none", indicate none or n/a

Student Name:		Name for Badge:		Circle: T- Shirt Size: S M L XL XXL	
Street or Mailing Address:			Sex:	Date of Birth:	Age:
City:		State:		Zip Code:	
Parent/Guardian's Name:			Cellular Number:		
Parent/Guardian's Address (if different from above):			Home Telephone:		
City:		State:		Zip Code:	
Alternate Contact Name:			Telephone Number:		
Name of Medical Insurance Company			Policy Number:		
Primary Care Physician's Name:			Telephone Number:		
High School Name:			Main Office Telephone Number:		
Guidance Counselor Name:			Telephone Number:		
Email Address: Student		Email Address: Parent			
List any problems, allergies or medical conditions of which we should be aware: Are you allergic to insect stings? Do you have an EpiPen? Little Grassy Camp is not a gluten free kitchen. <u>List Any Food allergies?</u>					
List any prescription medications, with dosage and frequency, which the student is using or might need:					
Rotary Club of:					

**RETURN BY: March 10, 2018** -- To: Karen Cupp, RYLA Chair, [karen@karencupp.com](mailto:karen@karencupp.com)

# Parental Consent for Participation & Medical Treatment

Rotary Youth Leadership Academy

July 20 – 22, 2018

Name of Student: \_\_\_\_\_

**PARENTAL/GUARDIAN AUTHORIZATION:** I do voluntarily consent to said minor's participation in all activities of the Rotary Youth Leadership Academy Camp (RYLA) to be held at Little Grassy Methodist Camp, July 20 – 22, 2018. I understand that this leadership camp could 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: \_\_\_\_\_

**MEDICAL TREATMENT RELEASE:** 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 6510 and Little Grassy Methodist Camp 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 Little Grassy Methodist Camp to hospitalize secure professional treatment for and/or to order injections, anesthesia and/or surgery for the minor named above.

Initial: \_\_\_\_\_

**INDEMNIFICATION/HOLD HARMLESS:** In consideration of the Rotary Club, Rotary District 6510 and Little Grassy Methodist Camp, I permit this minor to participate in Rotary Youth Leadership Academy (RYLA) 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 6510 and Little Grassy Methodist Camp, its committees, employees, as agents, as representatives, and volunteers harmless from any and 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 Academy (RYLA). The terms here shall serve as a release & the assumption of the risk for said minor, his or her heirs, estate, executor, administrator, and assignees as well as members of the 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 am fully aware I have been advised that said minor should not bring any valuables.

Initial: \_\_\_\_\_

I hereby give permission for Rotary to post pictures of said minor participating in this event in Rotary publications including on its websites, social media, presentations, etc...

Initial: \_\_\_\_\_

I further consent to permit authorized Rotarians to contact said minor after the Rotary Youth Leadership Academy (RYLA) 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:

If, for religious reasons, you cannot sign the above consent, please sign below as a waiver of responsibility on behalf of Rotary District 6510 and Little Grassy Methodist Camp and all individual Rotarians.

Parent/Guardian's Name:	Signature:	Date:

I understand the commitment that goes along with the selection to participate in the Rotary Youth Leadership Academy (RYLA) to be held on the weekend of July 20 – 22, 2018.

Applicant's Name:	Signature:	Date:

**RETURN BY: March 10, 2018** -- To: Karen Cupp, RYLA Chair, [karen@karencupp.com](mailto:karen@karencupp.com)