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**Rotary Youth Leadership Awards**

**ROTARY DISTRICT 7360**

**Thursday June 13, 2024 to Saturday June 15, 2024, Shepherd’s Spring, Sharpsburg, MD**

**To Be Returned by May 17, 2024 - Please type or print clearly to ensure Nametags and Certificates are correct**

Sponsoring Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return completed form to Your Rotary Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Club Chair Name) (Chair e-mail)

**Section 1 – Personal Information**

Participant Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male/Female: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Name for Nametag: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Street City State Zip Code*

Home Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date:\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_

High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ In Fall of 2024, I will be entering \_\_\_\_\_\_\_\_ grade.

Shirt Size: XXL \_\_\_\_\_ XL \_\_\_\_\_ L \_\_\_\_\_ M \_\_\_\_\_ S \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Can you swim: Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_

Will parent(s), guardian, etc., be attending the luncheon presentation on Saturday, 11:30 am.

Yes \_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_ How many will be attending? \_\_\_\_\_\_\_\_\_\_\_\_

**Section 2 – Emergency Contact Information**

Emergency Contact Person for Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person Address (if different from participant’s address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: (if not emergency contact listed above):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_ Evening: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_Cell: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*As a parent or legal guardian of the participant, I do hereby release and discharge ROTARY, and their representatives from any and all claims arising from participant’s involvement in this event. I also give my full permission for the use of participant’s name and photograph in this event. I also give my full permission for such first aid as deemed necessary to be provided to participant on the premises or prior to transport to a hospital for further treatment.\*\*\*

**Parent’s Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Signature and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Rotary Club Leadership: Go to DACdb: Calendar and Register your student. The cost per student is $300. Checks are payable to Rotary District 7360. Enter student name(s) on memo line. Send the check to Jack Lantzy, District Treasurer, at 60 Red Blossom Circle, Shepherdstown, WV 25443. **NO REFUNDS** for cancellations after June 7, 2024.

For each selected participant, return this form and the Parent and Guardian Release of Liability Medication Form to: Dawn Linn, dawnlinn923@gmail.com **NO LATER THAN May 17, 2024.**