

**Vancouver Island, November 10-12th, 2023**

**APPLICATION for RYLA VI – Rotary Youth Leadership Awards Vancouver Island**

To be completed by sponsoring rotary club for each student

Sponsored by Rotary Club of \_\_\_\_\_

Rotarian Contact \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Name:	Name on badge:	Gender
Address:		
Province/State	Postal Code/Zip Code:	
Cell Phone:	Age at start of event:	
Email address:	High School	
Interact Club Member Yes No	T-shirt size:	
Next of Kin:	Email:	
Home phone:	Cell Phone:	

Yes, I want to attend RYLA. I understand that I will be bringing personal belongings and that neither Cowichan Lake Outdoor Education and Conference Centre nor RYLA are responsible for any items lost or stolen while attending this conference.  
 (Signed) \_\_\_\_\_

**PLEASE NOTE:** THIS FORM ALONG WITH THE PARTICIPATION RELEASE FORM MUST BE COMPLETED AND RETURNED AS SOON AS POSSIBLE TO EITHER YOUR SCHOOL COUNSELOR OR ROTARIAN REPRESENTATIVE.

Family Doctor \_\_\_\_\_ Telephone# \_\_\_\_\_

(Canadian Students) Provincial Medical Plan Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(USA Students) Medical Plan Carriers Name \_\_\_\_\_

Plan # \_\_\_\_\_ Telephone # \_\_\_\_\_

Out of Country Medical Coverage Carriers Name \_\_\_\_\_

Plan Number \_\_\_\_\_

Out of Country Medical Plan Carriers Telephone Number: \_\_\_\_\_

Dietary Needs, Allergies, etc. \_\_\_\_\_

Medical Conditions \_\_\_\_\_

\_\_\_\_\_

Prescription medicines you will have with you \_\_\_\_\_

\_\_\_\_\_

Special Assistance or any other information \_\_\_\_\_

\_\_\_\_\_

In the event of an emergency, I authorize the above camp staff and/or Cowichan Lake Outdoor Education and Conference Centre and/or BC Emergency Services to arrange for emergency transportation and/or emergency medical care

In Case of Emergency, please notify:		
Name _____	Number _____	Relation _____
Name _____	Number _____	Relation _____

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
(Signature of Parent/Legal Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\*Parent or legal guardian must also sign for participants under 18 years of age

**PHOTO/VIDEO CONSENT:** Permission is given to have photos, videos taken to be posted for participant access and promotion of RYLA VI in the future. \*Participants may be asked to make a presentation to the Rotary Club that sponsored him/her and easy access to photos, etc. will be beneficial in creating PowerPoint presentations.

**PAYMENT** can be made to **RYLA** and sent to **Rotary Club of Ladysmith, PO Box 875 Ladysmith BC, V9G 1A6**