



District 5770

CAMP RYLA 2010 CAMPER APPLICATION

Rotary Youth Leadership Awards
Summer Camp-Conference
June 21-25, 2010
Goddard Youth Camp



Rotary Club _____
RYLA Chairperson _____
RYLA Chairperson Phone () _____
<i>Rotary Club Please Complete</i>

**MUST HAVE
PHOTO**
(For Directory)
**DO NOT TAPE.
STAPLE, OR
GLUE PHOTO.**
**(HEAD SHOT
PLEASE)**

PLEASE TYPE OR PRINT CLEARLY

Full Name: _____ Current Age: _____ Current Grade: _____ Male Female

Name (you wish on award): _____ Name (for name badge): _____

Address: _____ City: _____ State: _____ Zip: _____ T-Shirt Size _____

Home Phone: () _____ E-Mail Address (Optional - for Directory): _____

Parents: Father: _____ Mother: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Home Phone: () _____ Home Phone: () _____

Work Phone: () _____ Work Phone: () _____

Are you a certified lifeguard? Yes No If Yes, what agency? _____

EDUCATION: Cumulative Grade Point Average: _____ High School: _____

USE A SEPARATE SHEET OF PAPER TO ANSWER THE FOLLOWING:

- **ACADEMIC ACCOMPLISHMENTS:** (Positions held and responsibilities undertaken)
- **HIGH SCHOOL SPORTS PARTICIPATION:** (Number of years, levels of competition and any honors)
- **EXTRACURRICULAR INTERESTS, HOBBIES AND RECREATION:**
- **WORK EXPERIENCE:** (Summers/After School)

APPLICANT'S SIGNATURE _____ **DATE** _____

I agree to allow the camp Nurse to dispense any non-prescription medication (aspirin, Tylenol, cough syrup, etc.) to my child, if needed. **IN CASE OF MEDICAL EMERGENCY, I understand every effort will be made to contact me. In the event, however, that I cannot be contacted, I hereby give permission to the physician selected by the Camp RYLA Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named above.**

PARENT'S SIGNATURE _____ **DATE** _____