

ROTARY YOUTH LEADERSHIP AWARDS CAMP Maui Camp RYLA – February 10-12, 2017, Camp Keana`e Applicant Information/Parental Release Form

Please complete this form legibly and in black or dark blue ink.

Name _____ Nickname _____ Age _____ Sex _____

Mailing Address: _____ City _____ Zip _____

Home Phone: _____ School _____ Grade _____

Cell Phone: _____ E-Mail _____ Facebook Page? _____

Are you an Interact Club member? _____ Unisex T Shirt Size _____

Name of RYLA Facilitator who gave you this form: _____

List your school and/or community activities (Include any elected or leadership positions):

PARENT(S)/ GUARDIAN(S) ACCEPTANCE

Our son/daughter has discussed the Rotary Youth Leadership Awards (RYLA) camp with me (us) and I (we) give my (our) permission to apply for participation in this co-ed overnight RYLA program to be held on the dates checked above. Further I (we) give my (our) approval to seek medical assistance should an emergency occur. It is understood that the program is conducted and supervised by Rotary Club from D5000. I (we) further understand that my (our) child is expected to attend the full program and he/she will be transported to and from the camp in the busses provided. I (we) grant permission for the use of camp photographs of my (our) son/daughter by Rotary for RYLA publicity purposes. I hereby release Rotary District 5000, Maui Rotary clubs and all program staff from all liability, including payment for treatment for illness or accidents which may occur.

Signature of Parent/Guardian _____ Print Name _____

Emergency Phone Numbers: Cell Phone _____ Other _____

Signature of Parent/Guardian _____ PrintName _____

Emergency Phone Numbers: Cell Phone _____ Other _____

RETURN THE COMPLETED 3-PAGE APPLICATION TO JOANNE LAIRD.
SCAN AND EMAIL TO: mamalrd@jps.net or take a photo of each page and text to 757-0981