



Rotary International District 5360  
University of Calgary  
May 12-15, 2011

**RYLA 2011**  
**Award Winner Registration Form**

**RYLA Club Contact (please print)**

Club Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**RYLA 2011**

**Award Winner Personal Information (please print)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Age: \_\_\_\_\_ Gender: Male/Female  
School: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Current Leadership Role: \_\_\_\_\_  
\_\_\_\_\_

Special diet needs (if any): \_\_\_\_\_

Signature of Award Winner: \_\_\_\_\_

**Important Travel Information:**

Please note that each sponsoring Rotary Club is responsible for transportation arrangements and costs to and from the camp.

**Please forward registration fee of \$500 per Award Winner to District 5360 RYLA 2011 by April 15, 2011 to:**

**RYLA 2011**  
6749 Fairmount Dr S.E.  
Calgary, Alberta T2H-0X6



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6749 Fairmount Dr. S.E.  
Calgary, AB. T2H-0X6  
403-258-0202  
dohertyd@telus.net



**RYLA 2011**

**MAY 13-16 2011**

*The Future is in Your Hands*

**Waiver/Release Form**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ of \_\_\_\_\_, Alberta, do hereby acknowledge and give permission on behalf of myself and the said child to participate in the Rotary Youth Leadership Awards Conference held at The University of Calgary.

I understand that \_\_\_\_\_ may be traveling to and from the conference without the supervision of a member of the Rotary Club sponsoring my child. The sponsoring Rotary Club will be responsible for arranging transportation either through public carrier or my other means suitable to his/her parents/guardians to and from the conference site.

I, \_\_\_\_\_, parent/guardian of the said child, \_\_\_\_\_, do hereby release the sponsoring Rotary Club, \_\_\_\_\_, its agents, employees and their heirs, executors, administrators, successors and assigns from all manner of action, causes of action, and claims and demands, either I or the said child ever had, now have and hereafter can, shall or may have for or by reason of any cause, matter or thing, arising from the participation in the above activity/event.

This waiver of rights is binding upon myself, the said child, and our heirs, executors, and administrators. I fully understand this waiver/release of rights, and its importance and significance.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Witness

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 2011



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**Rotary International District 5360  
Rotary Youth Leadership Awards Conference  
Emergency and Medical Information**

**Award Winner's Name:** \_\_\_\_\_

**Health Care Number** \_\_\_\_\_

**Award Winner's Family Physician Name:** \_\_\_\_\_

**Phone** \_\_\_\_\_

Does the Award Winner have a disability or special medical needs or allergies the RYLA organizing committee should be aware of in order to facilitate the involvement of the Award Winner in the RYLA program? If so, please describe:

\_\_\_\_\_

In the event of the Award Winner's illness, or any situation that requires contact of the parent/guardian, please contact:

**Parent/Guardian to Contact First**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Winner: \_\_\_\_\_

**Parent/Guardian to Contact Second**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Winner: \_\_\_\_\_

## **Medical Waiver and Permission**

While RYLA provides appropriate supervision, parents and/or guardians should be aware of a risk of injury in taking part in RYLA Conference activities. Please complete the following:

I, \_\_\_\_\_, being the parent or legal guardian of the Award Winner, \_\_\_\_\_, do hereby consent to him/her taking part in the activities of the Conference and that he/she may be treated by emergency medical personnel if, as and when required.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_



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## Consent and Waiver

We, the undersigned, confirm that we are the lawful parents and guardians of the undersigned student. In consideration of the acceptance of the student as a participant in the RYLA Conference at the University of Calgary from May 13 to May 16, 2011 we, the undersigned, agree as follows:

1. The only activities or transportation that is approved in this program are those activities or transportation which have the sanction of Conference organizers or chaperones;
2. Any participation by the student in activities or the undertaking of any transportation by the student which is not sanctioned shall be at the sole risk of the student and the undersigned agree to indemnify Rotary or its agents, servants or employees for any claim for loss or damage that may be incurred by the student as a result of his or her participation in such unsanctioned activities or transportation.

Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Witness \_\_\_\_\_

Award Winner: \_\_\_\_\_ Witness: \_\_\_\_\_



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