



ROTARY DISTRICT 5240 Rotary Youth Leadership Awards

PLEASE PRINT INFORMATION CLEARLY

Student Name (as registered online)	Sponsoring Rotary Club:
Parent/Guardian Name	Parent Phones:

RYLA 5240 has a website www.RYLA5240.org that describes in detail the location, event, supervision, safety policies, curriculum and activities of this event. This consent form is evidence that parents/guardians of students who will be attending RYLA have been given enough reasonable information to give permission to Rotary and to their child to attend the event. **PLEASE NOTIFY STAFF OF ANY PHYSICAL, EMOTIONAL OR MENTAL LIMITATIONS REGARDING YOUR CHILD**

1. STUDENTS MUST ATTEND THE ENTIRE EVENT - They must arrive on time and stay through closing ceremonies. Due to the nature of the curriculum no excuses will be granted for leaving for any reason other than emergencies. **THERE IS A Waiting LIST OF STUDENTS WHO WANT TO GO TO THIS EVENT, PLEASE KEEP YOUR COMMITMENT OR CANCEL IMMEDIATELY.**

CONSENT TO TRANSPORT A MINOR - Students are not allowed for any reason to drive themselves to the event. Parents may drive their sons or daughters in either direction or both directions. Rotarians have volunteered their time to provide transportation for your convenience. Your local Rotary club must make transport arrangements with your family directly. Rotary International 5240 does not assign, pay or insure the volunteers who drive any students. You must decide if the driver and their vehicle are reliable and safe enough for your son or daughter.

MEDIA RELEASE - Students images, names and school names may be used for the purposes of advertising, promotion, or recognition. Student's personal information will not be released to the public. Use of student's image and information is not for profit and compensation is not available to any person for any reason.

PERMISSION TO DISPENSE MEDICATION - Event administrators from time to time may provide, upon request, over the counter medication for minor aches, pains or allergies following the descriptions, use and dosage provided by the manufacturer of the medication. If you don't want your son or daughter to be offered over the counter medication, please add a note below indicating your wishes.

You agree to hold Rotary International/5240/Local Club harmless against injury, loss or damage arising from your son or daughter's attendance at the event. Although, safety policies and procedures are in place, there is risk of injury due to the nature of the outdoor activities and elements of the campus. You have the right to ask that your son or daughter refrain from participating in physical activities. Please do so below.

My signature below confirms I agree to all stipulations noted above and I understand all the terms and conditions of my child attending RYLA.

Parent/Guardian Signature	Date

PARENT/GUARDIAN NOTES:

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To confirm student's attendance this document must be faxed, mailed or emailed to RYLA Administration by February 15. Fax: 805-832-6524. -- Mail: RYLA c/o Nancy McKarney, 1334 Berwick Drive, Cambria, CA 93428 -- Email: admin@ryla5240.org