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**RYLA Application**

By signing and submitting this application, you acknowledge and consent all terms and conditions being adhered to as given by RYLA, Rotary Int. and On Track Adventures. Here we all share a desire to impact others in a positive manner and always search for opportunities to help you grow in abilities and experiences.

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| --- | --- | --- |
| Personal Information | | |
| Full Names and Surname: | | |
| Calling Name: | | School: |
| Cell Phone: | | Are you on Facebook? |
| Birth date: | | ID Number: |
| E-mail address: | | |
| Nationality: | | Gender: *Male: Female:* |
| Permanent Home Address: | | |
| Postal address: | | |
| Family or Next of Kin Information | | |
| Full Names and Surname: | | |
| Relationship to Camper: | | |
| Work Tel: | | Cell Number: |
| E-mail address: | | |
| Medical Information | | |
| Name of Preferred Doctor: | | |
| Dr. office tell. no.: | | Dr. cell No. |
| Medical Aid: | | Type of Plan: |
| Medical Aid Membership Number | | |
| Have you filled in attached Medical Questionnaire? | | Yes No |
| Have you filled in attached Indemnity Form | | Yes No |
| Do you require any regular medication? What? | | Yes |
| Do you have any Primary Health Conditions or Allergies: | | |
| Rotary Sponsor Club | | |
| Club: | Contact person: | Cell no: |

I hereby declare that I have answered all the above questions truthfully and to the best of my knowledge.

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Name: (Please print) Signature: Date: