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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: