



Rotary Youth Leadership Awards Seminar Application Form

Saturday 24 - Friday 30 September
2022 Maranatha Camp, Tuchekeoi



Important things to know

You must be 18 years of age or over to apply. For your application to be processed please return the following to ryla9620@gmail.com by **Saturday 30 July 2022**:

- Completed application form
- A 5x5cm headshot
- Signed copy of the [RYLA 2022 Deed of Agreement](#)

A non-refundable nomination fee of **\$900** is payable by your sponsor. A late fee of \$50 will be applied for applications received after the due date of Saturday 30 July 2022. Fees will be payable upon acceptance of the application.

APPLICATION FORM

Sponsoring Rotary Club:

Sponsoring company:

Name of applicant:

Preferred name:

Date of birth:

Gender:

Pronouns:

Home address:

Postal address:

Phone number:

Mobile number:

Email:

Occupation:

Employer:



ABOUT YOU

What are your interests? E.g., clubs, hobbies, etc.

What do you hope to achieve from the RYLA seminar?

How would being a better leader help you to achieve your goals?

Would you like to be kept informed about [Rotaract](#)? (A Rotary based Community Service Organisation for 18 – 30yrs)

- Yes, please give my details to Rotaract so they can keep me informed of their activities.
 No, thank you.

MEDICAL CONSENT FORM

Family name:

Given name:

Date of birth:

Special dietary requirements:

Private health cover – fund name:

Member number:

Medicare number:

Ambulance cover (all QLD residents are covered)

Yes No



Medical conditions (please tick if we should be aware of any of the following):

- | | |
|--|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Blackouts / fainting / dizzy spells |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Sleepwalking |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Behavioural and/or emotional disorders |
| <input type="checkbox"/> Heart condition | <input type="checkbox"/> Recurring / recent illness |
| <input type="checkbox"/> Recent operations: <input type="text"/> | |

Other:

Do you take regular medication? Provide details:

i Please note, you are required to bring any necessary medication to RYLA with you and ensure your supply is enough to last the week. Additionally, please bring your own paracetamol, ibuprofen, antihistamine, and cold & flu medication (just in case).

Swimming ability:

- Competent swimmer Fair swimmer Cannot swim

Do you believe there is anything else we need to be aware of?

NEXT OF KIN (who to contact in case of an emergency)

Family name:

Given name:

Relationship to the participant:

Home address:

Phone number:

Mobile:



RYLA SEMINAR CONTRACT

I, _____ will be 18 years of age, or older at the start of the seminar. I agree to attend the RYLA Seminar and to abide by the seminar regulations, including:

- Travel by RYLA's arranged Bus to/from the RYLA Seminar.
- Participate fully in the seminar each day from Saturday 24 - Friday 30 September, 2022.
- I will not seek any concession or non-attendance from any part of the program.
- I have approved leave from work (if applicable).
- I do not have any study or exams during the seminar.
- I have read and agree to comply with the RYLA Seminar Guidelines as detailed in the [RYLA 2022 Deed of Agreement](#).

Awardee signature:

Dated:



Should you have any queries, please contact:

RYLA CHAIRPERSON: Kym McCluskey at ryla@rotary9620.org

ENDORISING ROTARY CLUB INFORMATION (for admin use only)

Rotary Club of:

Club president or youth director name:

Signature:

Dated:

Contact phone number:

Contact email:

