



Camp RYLA 2010 Application

**PHOTO
REQUIRED**

To be Filled in by Sponsoring Rotary Club Only

Rotary Club

Club RYLA Chairperson _____ *Phone* _____

High School(s) Interviewed

Please print or type clearly

Full Name	<input type="checkbox"/> Male	Name you wish to be called	High School
	<input type="checkbox"/> Female		
Current Age	Birthdate	Student's Cell Phone #	T-Shirt Size
			Current Grade
Address	City	State	Zip
E-mail	Home Phone	Parent's Business Phone	

Education *Cumulative Grade Point Average:*

Academic Accomplishments *Honor Roll, Awards, Accelerated / Special Classes:*

Other School Activities, and Recognitions *Positions held and responsibilities undertaken:*

H.S. Sports Participation *Number of years, levels of competition, and any honors:*

Outside School Interests, Hobbies, and Recreation:

Work Experience *Summers / After School:*

If additional space is needed, then please attach a separate sheet of paper.

All applications must be signed and have a current photo attached.

I agree to allow the Camp Nurse to dispense any non-prescription medication (aspirin, Tylenol, cough syrup, etc.) to my child, if needed. **In case of medical emergency**, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child, as named above.

Parent's Signature _____ Date _____

Parent's Name (please print) _____

To learn more about Camp RYLA, visit our website at www.RYLA5810.org