



Camp RYLA 2012 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 _____ Male _____ Name you wish to be called _____ High School _____
 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, anæsthesia, or surgery for my child, as named above.

Parent's Signature _____ Date _____

Parent's Name (please print) _____

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

