



ROTARY YOUTH LEADERSHIP ASSEMBLY

Rotary International District 5280

April 26<sup>th</sup>, 27<sup>th</sup>, 28<sup>th</sup> 2019

**Please indicate which Bus Location would be the most convenient for you or will you be driving yourself:**

|                                    |   |                                  |                                    |                                 |                                     |                                   |                                     |
|------------------------------------|---|----------------------------------|------------------------------------|---------------------------------|-------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Mar Vista | <input type="checkbox"/> West Hollywood | <input type="checkbox"/> Redondo | <input type="checkbox"/> Hawthorne | <input type="checkbox"/> Downey | <input type="checkbox"/> Chatsworth | <input type="checkbox"/> Glendale | <input type="checkbox"/> drive self |
|------------------------------------|---|----------------------------------|------------------------------------|---------------------------------|-------------------------------------|-----------------------------------|-------------------------------------|

|   |   |                               |
|---|---|-------------------------------|
| <input checked="" type="checkbox"/> Counselor<br><b>(18 and older, fill out within the blue box only)</b> | <b><u>Please check one:</u></b><br><input type="checkbox"/> Female  | <input type="checkbox"/> Male |
|   | T-SHIRT SIZE: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL |                               |

Dietary modification (vegetarian, etc.)

Emergency Contact (name and phone number):

**PLEASE PRINT:**

ATTENDEE NAME: First Name Last Name

ADDRESS CITY/STATE ZIP

CELL PHONE # HOME PHONE #:

E- MAIL:

HIGH SCHOOL (if applicable) : CLUB OR ORGANIZATION (if applicable)

SPONSORING ROTARY CLUB (if applicable)

SPONSOR NAME (if applicable)

SPONSOR PHONE # (if applicable)

PARENTAL CONSENT:

I hereby GRANT PERMISSION FOR

(Attendee's name)  
 to attend RYLA on April 26<sup>th</sup>, 27<sup>th</sup>, 28<sup>th</sup>, 2019 at Alpine Conference Center. I understand that I will be notified of the PICK-UP TIME and that it is the PARENT'S RESPONSIBILITY to deliver the student to the designated pick-up location. I also understand that it is the PARENT'S RESPONSIBILITY to meet the student at the pick-up location upon return and that I will be notified of the anticipated time and exact location. I also understand that it is the PARENT'S RESPONSIBILITY to have my student excused from school if applicable.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

SECOND SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY ZIP

TELEPHONE # \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE SPONSORING ROTARY CLUB**

No student may participate without a parental consent on file with Rotary.

NOTE: Rotary requires that minors in the legal custody (NOT physical custody) of either parents or more than one legal guardian, both or all shall sign this consent.

REGISTRATION FORM page 2 of 4 **STUDENT HEALTH HISTORY**

NOTE: This form MUST be completed by parent or guardian.

STUDENT:

Birth date:

Current Age:

PARENT OR GUARDIAN:

HOME ADDRESS:

BUSINESS ADDRESS:

HOME PHONE:

BUSINESS PHONE:

SECOND PARENT OR GUARDIAN:

HOME ADDRESS:

BUSINESS ADDRESS:

HOME PHONE:

BUSINESS PHONE:

If not available in an emergency, notify:

NAME:

RELATIONSHIP:

DAY PHONE:

EVE PHONE:

NAME:

RELATIONSHIP:

DAY PHONE:

EVE PHONE:

**HEALTH HISTORY: (CHECK, GIVING APPROXIMATE DATES)**

|                         | YES                      | NO                       | DATES | DISEASES                     | YES                      | NO                       | DATES | <u>ALLERGIES</u> | YES                      | NO                       | IMMUNIZATIONS                | YES                      | NO                       | DATES |
|-------------------------|--------------------------|--------------------------|-------|------------------------------|--------------------------|--------------------------|-------|------------------|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|-------|
| Ear Infection           | <input type="checkbox"/> | <input type="checkbox"/> |       | Mononucleosis                | <input type="checkbox"/> | <input type="checkbox"/> |       | Hay Fever        | <input type="checkbox"/> | <input type="checkbox"/> | MMR(Measles Mumps, Rubella), | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Rheumatic Fever         | <input type="checkbox"/> | <input type="checkbox"/> |       | Chicken Pox                  | <input type="checkbox"/> | <input type="checkbox"/> |       | Poison Ivy       | <input type="checkbox"/> | <input type="checkbox"/> | DTP Series                   | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Heart Defects/ Diseases | <input type="checkbox"/> | <input type="checkbox"/> |       | Measles                      | <input type="checkbox"/> | <input type="checkbox"/> |       | Insect Stings    | <input type="checkbox"/> | <input type="checkbox"/> | Polio OPV(Sabin)             | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Convulsions             | <input type="checkbox"/> | <input type="checkbox"/> |       | German Measles               | <input type="checkbox"/> | <input type="checkbox"/> |       | Penicillin       | <input type="checkbox"/> | <input type="checkbox"/> | Tetanus                      | <input type="checkbox"/> | <input type="checkbox"/> |       |
| Diabetes                | <input type="checkbox"/> | <input type="checkbox"/> |       | Mumps                        | <input type="checkbox"/> | <input type="checkbox"/> |       | Other Drugs      | <input type="checkbox"/> | <input type="checkbox"/> |                              |                          |                          |       |
| Hypertension            | <input type="checkbox"/> | <input type="checkbox"/> |       | Asthma                       | <input type="checkbox"/> | <input type="checkbox"/> |       | Others           | <input type="checkbox"/> | <input type="checkbox"/> |                              |                          |                          |       |
| Sleepwalking            | <input type="checkbox"/> | <input type="checkbox"/> |       | Bleeding & Clotting Disorder | <input type="checkbox"/> | <input type="checkbox"/> |       | NAME OF DRUGS:   |                          |                          |                              |                          |                          |       |
| Bedwetting              | <input type="checkbox"/> | <input type="checkbox"/> |       |                              |                          |                          |       |                  |                          |                          |                              |                          |                          |       |

Operations or serious injuries (dates)

Disability or illness

Dietary modification (vegetarian, etc.)

Current medications

Name of Dentist/Orthodontist

Phone:

Name of Family Physician

Phone:

**IMPORTANT:** Please notify Rotary if this student was exposed to a communicable disease during 3 weeks prior to attending RYLA.

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me on this health form.

STUDENT'S NAME

EVENT: RYLA

ROTARY CLUB

EVENT DATE(S): April 26-28, 2019

ROTARY INTERNATIONAL DISTRICT 5280

AUTHORIZATION AND RELEASE FOR MEDICAL AND DENTAL TREATMENT

The undersigned, as the parent or parents, or legal guardian or legal guardians, of the above-named student, a minor (the "minor"), hereby authorize ROTARY INTERNATIONAL DISTRICT 5280 and its authorized directors and leaders (collectively "ROTARY") to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care (collectively "medical care") to be rendered to the minor under the general or special supervision and upon the advice of a physician or surgeon licensed under the laws of the State of California or other jurisdiction in which medical care is sought, and to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care (collectively "dental care") to be rendered to the minor by a dentist licensed under the laws of the State of California or other jurisdiction in which dental care is sought. For the purpose of medical care or dental care obtained in the State of California, this authorization is given pursuant to the provisions of Section 25.8 of the California Civil Code, as amended. For the purpose of medical care or dental care obtained outside of California, this authorization is given with the intent that any consent given pursuant to this authorization shall be the consent of each of the undersigned.

It is understood that if time and circumstances reasonably permit, Rotary International District 5280 will endeavor, but is not required, to communicate with at least one of the undersigned prior to the rendering of medical care or dental care for which consent is given pursuant to this authorization. The undersigned understand and agree that Rotary International District 5280 and its delegated leaders and directors shall not be legally or financially liable for any claim rising from any medical care or dental care provided pursuant to this authorization. The undersigned hereby agree to indemnify and hold Rotary International District 5280 harmless from any claim made by or on behalf of said minor arising out of any medical care or dental care provided pursuant to this authorization.

This authorization is given to Rotary International District 5280 for use in conjunction with any event operated by Rotary International District 5280, and shall be valid until revoked in writing by the undersigned or any of them.

Signed

Date

(Parent or Guardian)

We DO  DO NOT  Have family health/medical insurance coverage

Medical Insurance Company

Policy Number

Expires

,

20

STUDENT'S NAME:

ROTARY CLUB:

ROTARY INTERNATIONAL DISTRICT 5280  
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to participate in any was in programs affiliated with (or for my child to participate) for any purpose, the undersigned for herself or himself and such participating child and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has inspected and carefully considered such program. It is further warranted that participation in the program constitutes an acknowledgment that such program has been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of participation by the undersigned and such child.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN ANY WAY IN SUCH PROGRAMS, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED ON HER OR HIS BEHALF AND ON BEHALF OF SUCH CHILD, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE Rotary International District 5280, its directors, officers, employees, and agents )hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury or death to the undersigned or such child, or property damage, whether caused by the negligence of the releasees or otherwise while engaged in any activity related to such program affiliated with Rotary International District 5280.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the participation of the undersigned or child of the undersigned whether caused by the negligence of the releasees or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or child of the undersigned due to negligence of releasee or otherwise while engaged in any activity related to such program affiliated with Rotary International District 5280.

4. THE UNDERSIGNED HEREBY ASSUMES FULL COST OF TRANSPORTATION CHARGES to the undersigned or child of the undersigned for reasons of health, accident or failure to conform to rules established. We agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses. This permission slip also serves as a contract that the student and parent(s) understand and agree to the guidelines. (*See what to/not bring list*)

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE, WAIVER AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

***The rotary clubs are spending hundreds of dollars teaching your children leadership skills. If your child is signed up and cannot go, you must let us know before March 22, 2019. If you do not let us know before that date, you will be financially responsible to reimburse the rotary club that sponsored your child.***

*I HAVE READ THIS RELEASE*

|                                       |            |
|---------------------------------------|------------|
| Dated                                 |            |
| Signature of Parent or Legal Guardian |            |
| Parents E-Mail Address:               | Print Name |

**Note: Please print out a copy of registration form, sign and return to your Rotary club representative.**