



Complete one form for each delegate. Please complete all sections on both sides of the form.

- **Sponsoring Rotary Clubs:** Please review this registration form, complete with Sponsoring Club Acknowledgement
- Mail the original signed form to: **Annette Brown, RYLA Committee, 5425 Tyson Circle Cape Charles, VA 23310**
- You may also scan the signed form and email it to Annette Brown at: annette@abrownz.net

The deadline for receipt of this form is DECEMBER 15, 2019

- Mail your payments to: Attention Rudy Garcia 802 Rivanna Woods Dr. Fork Union, VA 23055
(Please note RYLA payment on check)

SPONSORING ROTARY CLUB ACKNOWLEDGEMENT

The Rotary Club of _____ wishes to designate the individual identified below as a club sponsored delegate to the District 7600 Rotary Youth Leadership Awards (RYLA) conference to be held **February 15-16, 2020** at the 4H Airfield Conference Center, Wakefield, Virginia. We accept responsibility for coordinating transportation of this delegate both to and from this conference. **DELEGATES ARE NOT ALLOWED TO HAVE AUTOMOBILES AVAILABLE TO THEM WHILE AT THE CONFERENCE.**

Rotary Club Representative _____ Date _____

DELEGATE INFORMATION- PLEASE PRINT LEGIBLY

Sex (circle one) Male Female

Name (last) _____ (first) _____ (m.i.) _____ Date of Birth _____

Home Telephone _____ Parent's/Guardian's Email _____

Address _____

City _____ State _____ Zip _____

Name of Parent/
Guardian _____ Telephone (h) _____ (w) _____

High School _____ Grade _____

School and Community Leadership Activities _____

T shirt size _____

EMERGENCY CONTACT INFORMATION- (Individual named shall be available at the numbers listed during the course of the conference.)

Name _____ Relation to Delegate _____

Day Telephone _____ Evening Telephone _____

Address (if different from delegate's) _____

City _____ State _____ Zip _____

DEADLINE FOR SUBMISSION OF THIS FORM IS December 15, 2019

HEALTH INFORMATION

My son/daughter/ward, the aforementioned delegate, has no physical, mental or communicable disease condition that will interfere with his/her participation in this RYLA program. I consider his/her health to be:

Poor_____ Fair_____ Good_____ Excellent_____

If health is other than Excellent, please explain: _____

*If medications are required please complete a medication form.

Please List Dietary Restrictions: _____

RYLA CONFERENCE CODE OF CONDUCT

Because the RYLA Conference is designed to provide a safe and comfortable setting for all participants, the following Code of Conduct rules and conditions will apply to all Rotary Youth Leadership Awards delegates, staff and visitors throughout the District 7600 RYLA Conference at the Airfield Conference Center, Wakefield, Virginia.

- Possession or use of alcoholic beverages or illegal drugs is prohibited. Smoking or any use of tobacco products is prohibited. No firearms or any weapons are allowed.
- Sexual relations and/or activities or excessive displays of affection are strictly prohibited.
- Bedding, sheets and towels are supplied by the Conference Center. You are responsible to bring your own personal items and for keeping your sleeping area and room clean and orderly.
- Sleeping arrangements are in up to 8 same-sex youth to a room. Room assignments are made by staff in an effort to maximize your opportunity to make new friends. Changing of room assignments is not permitted without prior approval by the conference staff.
- No pets or animals are allowed, except for trained guide dogs.
- Appropriate clothing is to be worn at all times. Please remember that this conference will be held in the winter month of February. Please bring warm clothing & winter footwear!
- All conference participants must respect personal and public property. Repair costs for damages incurred to property will be billed to the responsible parties.
- Delegates are not allowed to have an automobile available to them while at the conference.
- Between the hours of 11:00 pm and 7:00am, delegates and staff are expected to observe a "quiet time" and be in their assigned rooms.
- Pay phones are available for outgoing calls. Use of cell phones during Conference activities is limited to emergencies. For incoming **emergency calls: 757-899-4901 (daytime) or 757-342-8283 (anytime).**

Delegates must attend the full conference. If, for any reason, you know that you cannot do this, please do not apply for participation. If it becomes necessary for you to leave the conference early, your family will be notified and they will be responsible for arranging transportation from the conference to your home. Any participant who leaves the conference early will not be permitted to return.

I have read and agree to conform to the above Code of Conduct, as well as the additional rules, conditions, and expectations described herein.

Signed (RYLA participant) _____ Date _____

PARENT/GUARDIAN RELEASE-

My son/daughter/ward has discussed the RYLA conference with me and I hereby give my permission for him/her to participate in the RYLA conference identified above. I have reviewed and assisted in the completion of all areas of this form and confirm that the information provided is correct. I give approval to conference staff to seek medical attention should an emergency occur. In addition, I have read the Code of Conduct and have reviewed the rules and expectations with my son/daughter/ward, and accepted these conditions.

May Your Child be photographed? Yes, I hereby give the right and unrestricted permission and release, discharge and agree to hold harmless from any liability the RYLA Committee, and all persons acting with its permission or for who, it is acting, to take, copyright, use and publish photographs, video and/or audio recordings of or concerning my child for any purpose to volunteers and participants for individual use only. Reproduction of volunteer/participant photographs or unauthorized print publication or electronic posting or sharing is strictly prohibited. No, please do not photograph my child.

Signature of Parent/Guardian _____ Date _____