



Rotary Youth Leadership Awards 2010
District 9460
Sunday 31st January to Sunday 7th February 2010
South West Baptist Youth Camp, Busselton

Rotary Club of _____

APPLICATION AND PERSONAL DETAILS FORM
Closing date for application 30th November 2009

NAME IN FULL: Mr. Mrs. Miss. Ms _____

DATE OF BIRTH ____ / ____ / ____

Preferred name for badge:

HOME ADDRESS

_____ **POST CODE** _____

Home phone _____ Mobile _____ Email _____

CONTACT DETAILS (Person to be contacted in emergency)

Name: _____

Home phone _____ Mobile _____ Email _____

BUSINESS NAME AND ADDRESS OF EMPLOYER OR EDUCATIONAL INSTITUTION

CARRER ASPIRATIONS/GOALS _____

WHAT ARE YOUR REASONS FOR APPLYING TO ATTEND RYLA? _____

LEADERSHIP EXPERIENCE / COMMUNITY INVOLVEMENT (List Clubs or groups which will benefit from your attending RYLA)

MEMBERSHIP OF OTHER ORGANISATIONS (List other organisations to which you belong)

INTERESTS AND HOBBIES (List sports/activities you are involved in and level of achievement if applicable)

WHEN WAS THE LAST TIME YOU ATTENDED A FIRST AID COURSE AND WHAT LEVEL?

MEDICAL INFORMATION (Please state any medical or mental health conditions which should be known to the organisers, including dietary requirements and allergies. This will be treated as confidential information _____)

Medicare No: _____

Medical Insurance _____

Applicant's Agreement

- ✓ I hereby make application for a Rotary Youth Leadership Award and will be prepared to be interviewed by a selection panel.
- ✓ If selected I will attend for the whole period of the seminar.
- ✓ I agree to contribute \$50.00 towards the seminar.
- ✓ After the seminar I will make a report to my sponsoring Rotary Club

In consideration of the seminar facilities provided by RYLA, I hereby absolutely release and discharge RYLA of Rotary International and its employees, agents and voluntary helpers from and against all claims whatsoever arising out of death, personal injury or loss or damage to personal property that I may suffer or sustain in the course of the seminar provided.

I further agree that in the event of injury to myself, you are authorised to obtain at my expense any medical, ambulance or like services that you in your absolute discretion think necessary or desirable.

Applicants Name (please print)

Signature of applicant

Date

N.B. It is a condition of attendance that participants are present at the camp by midday Sunday 31st January 2010 until 10am Sunday 7th February.

Sponsoring Rotary Club's Declaration to the Rotary District 9460 RYLA Committee:

The above applicant has been interviewed by a selection panel from the Rotary Club of _____ and has been judged worthy of a Rotary Youth Leadership Award. We enclose our cheque for \$550 made out to RYLA 9460 Rotary Account. (This amount includes the applicant's contribution of \$50.00).

Signed _____

Date _____

Position held in club _____

Contact phone No: _____

Please note that there will be no refunds once bookings are made.

Please address all enquiries to:

RYLA Chairperson

Eddie Rose

15b George Way

BUSSELTON WA 6280

Home

9751 4956

Mobile

0419 854 633

Email

ed_rose5@bigpond.com