

DISTRICT 9600
Saturday 30 April – Thursday 5 May 2016
Luther Heights Youth Camp, Coolum Beach

| APPLICATION FORM | | | | | |
|----------------------------------|---|--------------------------------|--------------------------------------|--|------------------|
| SPONSORING ROTARY CLUB of | | | | | |
| SPONSORING COMPANY | | | | | |
| NAME OF APPLICANT | Surname | | | | |
| | Given Names | | | | |
| | Preferred Name | | <input type="checkbox"/> Male | <input type="checkbox"/> Female | |
| DATE OF BIRTH | | Age at Start of Seminar | | Years | Months |
| HOME ADDRESS | | | | | <i>Post Code</i> |
| | | | | | |
| POSTAL ADDRESS | | | | | <i>Post Code</i> |
| | | | | | |
| PHONE NUMBER | | | | | |
| MOBILE | | | | | |
| EMAIL | | | | | |
| OCCUPATION | | | | | |
| EMPLOYER | | | | | |
| EMPLOYER'S PHONE | | | | | |
| EMPLOYER'S EMAIL | | | | | |
| CLOSING DATE: | FINAL APPLICATIONS – 25 March 2016 | | | | |

ABOUT YOU

| | |
|---|--|
| Community Groups/Club Involvement: | |
| | |
| | |
| Hobbies or Interests | |
| | |
| Musical or other Talent | |
| | |

| HEALTH | | |
|--|--|--|
| Medical requirements Please list any allergies or known medical requirements: | | |
| | | |
| | | |
| Dietary Requirements e.g. Gluten Free, Vegetarian etc. | | |
| | | |
| | | |
| Medicare Number | | |
| Are you covered by Private Health Insurance | <input type="radio"/> YES <input type="radio"/> NO | |
| If Yes: Name of Health Fund | | |
| Health Agreement | | |
| <p>In case of accident or illness, <i>I _____,</i> <i>hereby authorize the Principals of Rotary District 9600 RYLA Committee or their duly appointed representatives to obtain such medical attention as may be deemed necessary on my behalf and I understand that I am responsible for the cost. I authorise qualified medical practitioners to administer anesthetic</i></p> <p><i>Signed: _____ dated: _____</i></p> <p>I further authorise qualified medical practitioners to administer blood transfusion if the necessity arises.</p> <p><i>Signed: _____ dated: _____</i></p> | | |
| In Case of Emergency Please Contact | | |
| Name | | |
| Relationship | | |
| Home Address | | |
| | Post Code | |
| Home Phone Number | | |
| Business Phone Number | | |
| Mobile Phone Number | | |
| My T-Shirt Size is (circle) | | |
| S (8-10) M (12-14) L (16-18) XL (20-22) XXL (24-26) | | |

RYLA SEMINAR CONTRACT

I, _____ will be 18 years of age at the start of RYLA. I agree to attend the RYLA Seminar and to abide by the seminar regulations, including:

- ✓ Travel by RYLA's arranged Bus to/from the RYLA Seminar
- ✓ Participate fully in the seminar 0600 – 2300 each day from **Saturday 30 April – Thursday 5 May 2016**

I will not seek any concession or non-attendance from any part of the program.

| | |
|--------|--|
| Leave: | <i>WORKING? Ensure you have Leave approved STUDYING/UNI? Ensure study/exams are not during RYLA</i> |
|--------|--|

| | |
|-------------------|--|
| Awardee Signature | |
|-------------------|--|

| | |
|-------|--|
| Dated | |
|-------|--|

SPONSORING ROTARY CLUB INFORMATION

| | |
|----------------|--|
| Rotary Club Of | |
|----------------|--|

| | |
|---------------------------------|--|
| Club President Name & Signature | |
|---------------------------------|--|

| | |
|------------------------------|--|
| Dated & Contact Phone Number | |
|------------------------------|--|

| | |
|--------------------------------------|--|
| Club Youth Director Name & Signature | |
|--------------------------------------|--|

| | |
|------------------------------|--|
| Dated & Contact Phone Number | |
|------------------------------|--|

NOMINATION FEE \$750.00 per participant
Note: FEE IS NON REFUNDABLE

| | |
|---------------------------|--|
| Ensure these are attached | |
|---------------------------|--|

| | |
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| PAYMENT: | |
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|-------------------|--|
| APPLICATION FORM: | |
|-------------------|--|

- ✓ TWO Passport Sized Photographs
 - ✓ Nomination Fee – \$750.00
- DIRECT DEBIT: BSB 084 209 A/C No. 85-383-2749
(preferred)***
REFERENCE: RYLA & Surname of Rylarian
CHEQUE: Rotary International D9600 Ltd
***Scan & Email both application form & passport size photos
(preferred)***
Post to below address

| | |
|---|---|
| POST TO: EMAIL: | RYLA DISTRICT 9600 Committee, PO Box 820 NORTH LAKES QLD 4509 kelly_pedler_07@hotmail.com |
| CLOSING DATE: | FINAL APPLICATIONS – 25 March 2016 <i>(While this date is set due to bookings of bus, venue & T-shirts etc. please call Colleen Caruana – 0412 744 038 if you have a late participant & we will advise if it is possible to add them for this year's Seminar or waitlist for next year)</i> |
| Should you have any enquires Please call | |
| RYLA Chairman | Colleen Caruana |
| Mobile | 0412 744 038 |
| Email: | c_caruana@bigpond.com |
| RYLA Program Director | Greg Beard |
| Mobile | 0434 189 069 |
| Email: | greg.beard@mater.org.au |
| RYLA Participant Coordinator | Kelly Pedler |
| Mobile | 0419 172 341 |
| Email: | kelly_pedler_07@hotmail.com |



CONSENT TO PUBLICATION OF PERSONAL PARTICULARS

[Please complete this form and return it to the RYLA Committee with your application. The completion of this form is guidance for the committee to release personal details in accordance with the Privacy ACT.]

I, (Full Name)

Of, (Address) _____

Contact Nos. W- _____ H- _____ M- _____

Email Address _____

Would you like to be kept informed about ROTARACT – Community Organisation for 18 – 30yrs (a division of Rotary)

Yes, please give my details to Rotaract so they can keep me informed of their activities.

*Tick the applicable box

- Being an Awardee at a RYLA Seminar*
- Being a Member of the RYLA Committee*
- Being a Guest Speaker at the RYLA Seminar*
- Other _____ (Insert)*

UNTIL SUCH TIME AS I NOTIFY YOU IN WRITING

- I understand that my Name will be used in the Seminar Folder, and Seminar Lists required for the administration of Camp.
- I understand that I will have the option to **not** have my personal particulars published in an address list to be handed out to all awardees on camp.
- I understand that when I receive a copy of these contact details they are not to be used for financial or personal gain.
- I understand that my consent to publish does not mean that publication will necessarily occur.
- I understand that future withdrawal of consent will result in cessation of publication only, NOT RECALL of publications.

Signature _____

Date: / / 201

Witness Signature _____

Name _____

Address _____



OUTDOOR ACTIVITIES WAIVER

Rotary International District 9600 Limited (“Rotary”)
Rotary Youth Leadership Award Seminar 2016, Luther Heights Coolum

1. I, _____ of _____ in the State of Queensland Australia am aware and acknowledge that Luther Heights Outdoor Activities involves inherent risks, including the risk of injury to life or death and damage to property and in undertaking such activities; I do so at my own risk.
2. I am also aware that it is a condition of participation in Luther Heights Outdoor Activities that Rotary, its officers and employees, agents and volunteers are released by me from all liability howsoever arising from injury or damage to both property and person howsoever caused (whether fatal or otherwise) arising out of my participation in the Event whether or not such injury or damage is due to any negligent act, breach of duty, default and/or omission on the part of Rotary, its officers and employees, agents or volunteers.
3. I indemnify Rotary, its officers and employees, agents and volunteers against all loss, damage and expenses (including legal costs on a solicitor and own client basis) arising out of or in connection with any claims, actions, proceedings or demands of any kind arising directly or indirectly as a consequence of my participation in the Event.
4. I acknowledge and agree that my participation in the Event is as a consequence of my own free will and desire and that I have read and understood the above warning, release and indemnity.
5. I warrant that I am 18 years of age or older and am lawfully able to enter into this above release and indemnity.

Signature _____ :

Dated this _____ day of _____ , 201