



**Rotary Youth Leadership
Awards District 9600**



2008 Application Form

Kindilan, Monday 7 – Friday 11 April 2008

Family Name _____ Given Name _____

Preferred Name _____ Date of Birth _____ M/F _____

Address _____

Email Address _____

Home Phone _____ Work Phone _____

Mobile Phone _____ Fax _____

Occupation or Course of Study _____

Employer or Institution _____

T-Shirt Size (Please circle) **Unisex** XS S M L XL XXL XXXL

This section to be completed by the sponsoring Rotary Club:

Sponsor Rotary Club: _____

Contact Rotarian: _____

Email: _____ Phone: _____ Mobile: _____

Has your Rotary Club interviewed this candidate? Yes/No

Comments: _____

PLEASE NOTE:

1. Due to Terms & Conditions from Venue, Bus etc. any cancellations or no shows after 15 March 2008 will incur no refund of application fee.
2. Applications may not be accepted without payment

Please return the completed Application, Medical Consent AND Consent to Publication of Personal Particulars Forms **with payment**, \$495.00 per Awardee made payable to "District 9600 RYLA Committee" and sent to:

The Chairman
District 9600 RYLA Committee
PO Box 5652
Brendale Qld 4500

Thomas Gorman
tgorman@bc.wbs.net.au



Rotary Youth Leadership Awards District 9600



MEDICAL CONSENT

Next of Kin _____

Address _____

Home Phone _____ Work Phone _____

Mobile Phone _____

Medical Insurance Fund (If Applicable) _____

Medicare Number _____

Have you had a Tetanus booster in the last 12 months? YES/NO

Do you suffer from any of the following? (Circle Those Appropriate)

*If yes, please give full details on the back page of this application
(severity, medication, date of last attack, operation)*

Heart Problems

Asthma

Other Respiratory Problems

Drug Allergies

Food Allergies

Other Allergies

Diabetes

Epilepsy

Blood Pressure Problems

Phobias

Recent Operations/Illness

Medications

(Dosage, frequency, doctors instructions)

Others/Detail

What dietary requirements do you have (e.g. vegetarian, gluten free) _____

I hereby authorize the Principals of Rotary International District 9600 Ltd 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 anaesthetic.

Date: _____

Signature: _____

I further authorise qualified medical practitioners to administer blood transfusion if the necessity arises.

Date: _____

Signature: _____



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CONSENT TO PUBLICATION OF PERSONAL PARTICULARS

Until such time as I notify you in writing

- I understand that my name will be used in the Program Folder and Lists required for the administration of the Program.
I understand that my photo may appear alone or in group photos for RYLA advertising purposes.
- 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 the program.
- 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

Witness Signature Name

Address

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.

Come and visit us at the RYLA website

www.rotary9600.org/RYLA



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Awards District 9600**



NOTES

Please append any extra information here

A large, faint, light blue watermark of the Rotary International gear logo is centered on the page. The gear has the word 'ROTARY' at the top and 'INTERNATIONAL' at the bottom. Below the watermark, there are 18 horizontal dotted lines for writing notes.