



*DISTRICT 9600*  
*Saturday 6 - Friday 12 May 2017*  
*Luther Heights Youth Camp, Coolum Beach*



## APPLICATION FORM

<b>SPONSORING ROTARY CLUB of</b>					
<b>SPONSORING COMPANY</b>					
<b>NAME OF APPLICANT</b>	<b>Surname</b>				
	<b>Given Names</b>				
	<b>Preferred Name</b>		<input type="checkbox"/> <b>Male</b>	<input type="checkbox"/> <b>Female</b>	
<b>DATE OF BIRTH</b>		<b>Age at Start of Seminar</b>		Years	Months
<b>HOME ADDRESS</b>				<i>Post Code</i>	
				<i>Post Code</i>	
<b>POSTAL ADDRESS</b>				<i>Post Code</i>	
<b>PHONE NUMBER</b>					
<b>MOBILE</b>					
<b>EMAIL</b>					
<b>OCCUPATION</b>					
<b>EMPLOYER</b>					
<b>EMPLOYER'S PHONE</b>					
<b>EMPLOYER'S EMAIL</b>					
<b>CLOSING DATE:</b>	<b>FINAL APPLICATIONS – 25 March 2017</b>				

**(Staple two (2) Passport size photo's here) ??**

## ABOUT YOU

What are your interests  
e.g. clubs, hobbies etc.

What do you hope to get  
out of the RYLA Seminar

## 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**

YES  NO

**If Yes: Name of Health Fund**

### Health Agreement

**In case of accident or illness,**

*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*

*Signed: ✕*

*dated: ✕*

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

*Signed: ✕*

*dated: ✕*

### 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 6 – Friday 12 May 2017***

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

Leave:	<b>WORKING?</b> <i>Ensure you have Leave approved</i> <b>STUDYING/UNI?</b> <i>Ensure study/exams are not during RYLA</i>
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Awardee Signature	
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Dated	
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### SPONSORING ROTARY CLUB INFORMATION

Rotary Club Of	
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Club President Name & Signature	
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Dated & Contact Phone Number	
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Club Youth Director Name & Signature	
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Dated & Contact Phone Number	
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<b>NOMINATION FEE</b>	<b>\$750.00 per participant</b> <b><i>Note: FEE IS NON REFUNDABLE</i></b>
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Ensure these are attached	<ul style="list-style-type: none"> <li>✓ <b>TWO Passport Sized Photographs</b></li> <li>✓ <b>Nomination Fee – \$750.00</b></li> </ul>
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PAYMENT:	<b>DIRECT DEBIT: <i>BSB 084 209      A/C No. 85-383-2749      (preferred)</i></b> <b>REFERENCE: <i>RYLA, Club &amp; Surname of Rylarian</i></b> <b>CHEQUE:    <i>Rotary International D9600 Ltd</i></b>
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APPLICATION FORM:	<b><i>Scan &amp; Email Direct Debit receipt, application form &amp; passport size photos (preferred) - Post to below address</i></b>
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<b>POST TO: EMAIL:</b>	<b>Bruce Lawton, RYLA Treasurer, PO Box 20 NAMBOUR QLD 4560 bruce@bnj.com.au</b>
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<b>CLOSING DATE:</b>	<b>FINAL APPLICATIONS – 25 March 2017</b> <i>(While this date is set due to bookings of bus, venue &amp; T-shirts etc. please call Colleen Caruana – 0412 744 038 if you have a late participant &amp; we will advise if it is possible to add them for this year's Seminar or waitlist for next year)</i>
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#### Should you have any enquires Please call

RYLA Chairman	Colleen Caruana
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Mobile	0412 744 038
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Email:	c_caruana@bigpond.com
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RYLA Program Director	Greg Beard
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Mobile	0434 189 069
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Email:	greg.beard@mater.org.au
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RYLA Participant Coordinator	Clair Gillespie
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Mobile	0420 529 044
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Email:	Claire.gillespe@mater.org.au
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**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 2017, 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