



RYLA 2011

May 5th, 2017

APPLICATION TO PARTICIPATE

1. Personal Information (please print or type)

Full Name			
Address			
City			
Postal Code			
Date of Birth			
Age			
School			
Home #		Work / Cell #	
Email			

2. Medical Information

NOTE: Medical information is kept strictly confidential

Emergency Contact Name			
Relationship to you			
Home #		Work / Cell #	

Are you currently taking any medication that we would need to know about for this day ? (If yes, please describe)

--

--

3. I am submitting a personal portfolio to apply and be considered for scholarship

YES _____ NO _____

4. The Rotary Club of Truro has my permission to use my or my child's photograph publically to promote the library. I understand that the images

may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use. Yes__ No__

5. My parent(s) consent to my participation in the Youth Leadership Seminar on May 5th, 2017 in Truro.

Student Signature

Parent Signature

Principal/Guidance Counselor Signature

By completing and submitting this form, you agree that all information is truthful and correct to the best of your knowledge.