

**Rotary Leaders Conference**  
Registration Form



Rotary International District 7390

## APPLICATION FOR YOUTH PARTICIPANT

First Name \_\_\_\_\_ Name you wish to be called \_\_\_\_\_ Last \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_ E-mail (REQUIRED) \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Gender:  Male  Female T-shirt Size:  S  M  L  XL  
 Name of Parent/Guardian with whom you reside \_\_\_\_\_ YEAR \_\_\_\_\_  
 Address of Parent/Guardian \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_ Parent E-mail \_\_\_\_\_  
 Parent/Guardian Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Your High School \_\_\_\_\_  
 High School Mailing Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 What Musical Instrument(s) will you bring to the Conference? \_\_\_\_\_  
 Will you participate in the Conference Choir?  Yes  No  Bass  Tenor  Alto  Soprano  
 Name of your Local Newspaper \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Attach Recent Photo**

This photo will be in the RYLA program. Please attach a high quality "headshot".



**Official Use – to be completed by Registrar**

Sponsoring Club \_\_\_\_\_

Fee Paid \_\_\_\_\_ Yes Check # \_\_\_\_\_

Parent's Consent \_\_\_\_\_ Yes

Messiah Release \_\_\_\_\_ Yes

Country \_\_\_\_\_ Room # \_\_\_\_\_

**EXHIBIT #4.2**

To be completed by Applicant

Registration Form (continued)  
**BIOGRAPHICAL SKETCH**  
FOR ROTARY YOUTH LEADERS CONFERENCE

Name of Applicant \_\_\_\_\_

Name of School \_\_\_\_\_

**AREAS OF LEADERSHIP**

Organization/Activity	# of Years	Awards or Offices Held	Years
National Honor Society			
Student Council			
Class			
Interact Club			
Journalistic: Yearbook Staff			
Journalistic: School Newspaper			
Oratory - Debate			
Dramatic			
Band			
Chorus			
Orchestra			

**INTERSCHOLASTIC ATHLETICS**

Sport	# of Years	Awards	Years
Football			
Field Hockey			
Basketball			
Volleyball			
Baseball			
Track			
Tennis			
Golf			
Wrestling			
Swimming or Water Sports			
Soccer			
Other Sports			

**OUT OF SCHOOL ACTIVITIES**

Activity	# of Years	Awards	Years
Faith Based			
Scouting			
Volunteer			
Other			

Additional information can be written on a separate sheet of paper.

**SCHOOL SUBJECTS -- List those courses in which you excel:**

**HOBBIES, AREAS OF SPECIAL INTEREST**

**LIST ALLERGIES OR SPECIAL MEDICAL NEEDS AS RELEVANT TO CONFERENCE:**

**PARENT CONSENT FORM**

This signifies consent for my child to attend the Rotary Youth Leaders Conference and the following:

- I hereby authorize Conference Officials to arrange whatever health service is necessary by the Conference in the event of an emergency situation.
- I understand that I must provide transportation to and from the Conference for my child.
- I authorize consent for my child to be photographed at the Rotary Youth Leaders Conference and for his/her photograph to be used in whole or in part by my child's sponsoring Rotary Club, Rotary District 7390 and Rotary International for information and promotional purposes now and in the future.
- I agree that my child is physically able to participate in the conference.
- I understand that my child must attend the entire conference from registration on Sunday through the banquet on Thursday. Students will not be allowed to arrive late or leave early unless for an extenuating circumstance (i.e. death in the family). If my child does not attend the conference, he/she will be required to reimburse the sponsoring Rotary Club for the entire cost of registration (\$425).

Date \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_

**STUDENT CONSENT FORM**

By signing this, I consent to the following:

- I understand that I may not drive my own car to and from the Conference. My parents must provide my transportation.
- I agree that I am physically able to participate in the conference.
- I understand that I must attend the entire conference from registration on Sunday through the banquet on Thursday. Students will not be allowed to arrive late or leave early unless for an extenuating circumstance (i.e. death in the family). If I do not attend the conference, I will be required to reimburse the sponsoring Rotary Club for the entire cost of registration (\$425).

Date \_\_\_\_\_ Signature of Student \_\_\_\_\_

**If you are over the age of 18, please check here** \_\_\_\_\_

**SPONSORING CLUB ENDORSEMENT**

I hereby acknowledge that \_\_\_\_\_ has been selected by

and is recommended by the Rotary Club of \_\_\_\_\_

Our Club will be responsible for the cost of the program.

Date \_\_\_\_\_ Club RYLA Chair \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Alt Phone \_\_\_\_\_