



Please
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recent



RYLA camp

Application

By signing and submitting this application, you acknowledge and consent all terms and conditions being adhered too as given by RYLA, Rotary Int and Life Adventures. Here we all share a desire to impact others in a positive manner and always search for opportunities to help you grow in abilities and experiences.

Personal Information			
Full Names and Surname			
What do you prefer being called: Nick Name:			
District / School you are from			
Cell Phone:			
Birth date:	ID Number:		
E-mail address			
Are you on Facebook?			
Nationality			
Permanent Home Address			
Gender:	Male	Female	
Family or Next of Kin Information			
Full Names and Surname			
Relationship to Camper			
Work Tel:	Cell Number		
E-mail address			
Medical Information			
Name of Preferred Doctor			
Tel / Cell Phone:			
Medical Aid	Med Aid Plan / scheme		
Medical Aid Membership Number			
Have you filled in attached Med Questionnaire ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you filled in attached Indemnity Form	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you require any regular medication? What?	Yes <input type="checkbox"/>		
Do you have any Primary Health Conditions or Allergies:			
Do you have any dietary requirements? <i>(Please note additional fee may be charged.)</i>			

I hereby declare that I have answered all the above questions truthfully and to the best of my knowledge.

Names (Please print)

Signature

Date