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## RYLEA Application

By signing and submitting this application, you acknowledge and consent all terms and conditions being adhered to as given by RYLEA, Rotary Int. and On Track 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:		
Calling Name:	School:	
Cell Phone:	Are you on Facebook?	
Birth date:	ID Number:	
E-mail address:		
Nationality:	Gender: Male: <input type="checkbox"/> Female: <input type="checkbox"/>	
Permanent Home Address:		
Postal address:		
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:		
Dr. office tell. no.:	Dr. cell No.	
Medical Aid:	Type of Plan:	
Medical Aid Membership Number		
Have you filled in attached Medical 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:		
Rotary Sponsor Club		
Club:	Contact person:	Cell no:

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

\_\_\_\_\_  
Name: (Please print)

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date: