



# District 5110 Camper Application

## Student Information

Full Name: \_\_\_\_\_  
 Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_  
 Street Address \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ School: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_  
*Month Day Year* *S M L XL 2XL 3XL 4XL*

Student Activities: \_\_\_\_\_

Sponsoring Rotary Club: \_\_\_\_\_

## Parent's or Legal Guardian's Information

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**PLEASE SIGN the CAMPER'S STATEMENT below and have one or both of your PARENTS/GUARDIANS SIGN the PARENT'S/GUARDIAN'S AUTHORIZATION.**

## Camper's Statement

I hereby apply for campership from my sponsoring Rotary Club, and agree, if selected, to attend 2022 Camp RYLA—Grove Christian Camp, being held at 37028 Shoreview Drive, Dorena, Oregon from June 18 – 23, 2022. I agree to travel to and from the Camp aboard the transportation provided by Rotary District 5110, and I understand that I will not be allowed to travel by other means. I also acknowledge that I will not be permitted to leave the Camp before 9 a.m., Thursday, June 23. I understand that as a participant of RYLA, representatives may use RYLA photographs or images in publications or communications primarily to educate and promote awareness of RYLA and Rotary's commitment to youth. Photographs and likenesses will not be accompanied by the participant's full name or additional personal identifiers, except in the "Look Book," which is a personal camp publication handed out to each participant at the end of the week. **I am currently a Sophomore or Junior in High School.**

Camper's Name: \_\_\_\_\_ Camper's Badge Name: \_\_\_\_\_

Camper's Signature: \_\_\_\_\_

## Parent/Guardian Authorization

I/We hereby give my/our consent for my/our son/daughter to attend Camp RYLA—Dorena, OR from June 18 – 23, 2022. I/We do accept the transportation to and from Camp as provided by Rotary District 5110. I/We acknowledge that the Rotary District 5110 Camp RYLA has liability insurance and the camp is able to provide medical services through a licensed physician during the entire Camp. The closest emergency facility is in Cottage Grove, Oregon. Medical insurance is the responsibility of the camper's family. **I/We further acknowledge that should my/our son/daughter be found to be in possession of liquor, drugs, unidentified medications, or in violation of the Camp Rules, that he/she may be sent home, at once, at my/our expense.**

Date: \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

### Emergency Contacts: (if unable to reach parents/guardians)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_