



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 2023 Camp RYLA—Grove Christian Camp, being held at 37028 Shoreview Drive, Dorena, Oregon from June 20 – 25, 2023. 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., Sunday, June 25. 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 20 – 25, 2023. 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 medical professional 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 _____