



ROTARY INTERNATIONAL DISTRICT 1070 - YOUTH OPPORTUNITIES

ROTARY YOUTH LEADERSHIP AWARDS

Grafham Water Centre, Cambs 24th - 31st July 2010

APPLICATION FORM

For one person (capital letters please)

1: **NAME** Title (Mr/Mrs/Ms)

Forenames

Surname

2: **HOME ADDRESS**

Phone Day

Eve

3: **E-MAIL ADDRESS**

4: **DATE OF BIRTH**

5: **SPONSORING ROTARY CLUB – Contact Rotarian & E-Mail Address**



6: DETAILS OF ANY LEADERSHIP ROLES UNDERTAKEN (including at School, during Further Education, in Voluntary/Community Organisations, at Work)

7: DETAILS OF ANY FORM OF VOLUNTARY WORK/ SERVICE

8: OCCUPATION (if a student, please indicate course of study)

9: DIET (Please indicate any special requirements)

10: ANY HEALTH INFORMATION

11: SWIMMING ABILITY FOR THE WATER ACTIVITIES

I declare that I am confident in deep water. I am physically fit and in good health and have no illness or disability (apart from that disclosed above) which the Course organiser should know about. I know that I will be asked to wear a buoyancy aid whenever I go on the water and that I will be under qualified supervision.

12: INSURANCE ARRANGEMENTS

I intend to participate in these activities and understand that the Cambridgeshire County Council's insurance will cover all legal liabilities of the Council to the participants of the Course but does not provide personal injury or loss cover where there is no liability on the part of the Council or its employees. I understand that Rotary International will arrange some personal accident cover for me and that the Policy will be on display during the week. This insurance does not absolve me from personal responsibility to my colleagues or me.



13. COMMITMENT

I recognise that this course takes place during the summer holiday period. I will arrange my personal affairs to ensure my attendance for the full duration of the course from 4.00pm on Saturday 24th July to 2.00pm on Saturday 31st July 2010.

14. NEXT OF KIN

Name _____

Address _____

Emergency contact telephone number (during 24th to 31st July 2010):

In the case of accident or illness whilst at RYLA, I consent to any necessary medical treatment, which might include the use of anaesthetics.

Signed _____ (Awardee)

Date: _____

PLEASE NOTE:

It is a condition of acceptance that the Awardee must be able to attend for the whole of the course i.e. from 4.00 pm Saturday 24th July to 2.00pm Saturday 31st July 2010. Candidates unable to meet this requirement will not be eligible to attend.