[](http://www.google.ca/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwjctefk_aPOAhXn3YMKHfeuCPMQjRwIBw&url=http://portal.clubrunner.ca/50042/SitePage/ryla&psig=AFQjCNHP-FB4lMfdbUNxzLyU5oCrrsA9sA&ust=1470270196260913)

[](http://www.google.ca/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&ved=0ahUKEwj6jJL-_aPOAhVrwYMKHSy3BlkQjRwIBw&url=http://www.underconsideration.com/brandnew/archives/new_logo_and_identity_for_rotary_by_siegelgale.php&bvm=bv.128617741,d.amc&psig=AFQjCNGWFRG8iZvu6Dwo8mEgAYN0z3qHYg&ust=1470270336280334)

District 5020

**Vancouver Island, November 14-16, 2025**

Cowichan Lake Education Centre located on Lakeview Park Rd,

**Registration for RYLA VI – Rotary Youth Leadership Awards Vancouver Island**

**To be completed by sponsoring rotary club for each student**

Sponsored by Rotary Club of

Rotarian Contact

Telephone Email

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | Name on badge: | | | Gender |
| Address: | | | | |
| Province/State | | | Postal Code/Zip Code: | |
| Cell Phone: | | | Age at start of event: | |
| Email address: | | | High School | |
| Interact Club Member Yes No | | | T-shirt size: | |
| Next of Kin: | | Email: | | |
| Home phone: | | Cell Phone: | | |

# Yes, I want to attend RYLA. I understand that I will be bringing personal belongings and that neither Cowichan Lake Education Centre nor RYLA are responsible for any items lost or stolen while attending this conference.

(Signed/Typed)

Family Doctor Telephone#

(Canadian Students) Provincial Medical Plan Number / / \_/

(USA Students) Medical Plan Carriers Name

Plan # Telephone #

Out of Country Medical Coverage Carriers Name

Plan Number

Out of Country Medical Plan Carriers Telephone Number

Dietary Needs, Allergies, etc.

\_

Medical Conditions

\_

Prescription medicines you will have with you \_

\_

Special Assistance or any other information \_

\_

In the event of an emergency, I authorize the above camp staff and/or and/or BC Emergency Services to arrange for emergency transportation and/or emergency medical care.

In Case of Emergency, please notify:

Name Number Relation

Name Number

Relation

Signature of Participant ( typed name ) Date

(Signature of Parent/Legal Guardian) Date

\*Parent or legal guardian must also sign or type for participants under 18 years of age, \*