



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.

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Medical Conditions

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Prescription medicines you will have with you \_

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Special Assistance or any other information \_

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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, \*