

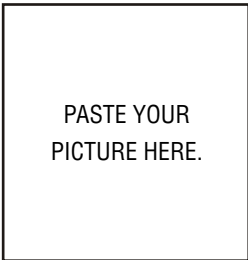


R.I DISTRICT 3050

APPLICATION FORM

(Fill in CAPITALS & IN ENGLISH)

Name : _____
Gender*: Male / female
Address: Door No: _____
Street Name : _____
Town / City : _____
State / Province : _____
Postal ZIP / PIN code : _____ Country : _____
Telephone no with area code : _____
Office : _____ (Mobile) : _____
Fax with area code : _____ E mail : _____
Date of Birth : _____ Age : _____ Years _____
Occupation : _____
If you are a student, indicate course of study : _____
T- Shirt Size : _____ (Inches / Cms)
Application Fees (.....) details : DD / Ch no. _____ Dt _____



(*RYLA Participant will be housed in same gender accommodations.)

Completion of this application constitutes agreement that the nominee will abide by the guides and rules for RI district 3050 - INTERNATIONAL RYLA from 15-17 October 2010.

Forwarding by Rotary Club

Name : _____
Name of Rotary Club President : _____
Complete Address : _____

Signature of Club President :
With Club seal



R.I DISTRICT 3050

PARTICIPANT'S MEDICAL INFORMATION FORM

Name (First, Middle, Last) : _____
Address, City / State / ZIP / PIN : _____
Telephone No : Country code (____), Area code (____), Number (____)
Insurance company / policy number / group number : _____
Personal Physician : _____ Phone : _____
In case of emergency, please contact : _____ Phone : _____
Do you have any specific medical problem? : _____
Do you have any known allergy? : _____
List of medications you are bringing? : _____

Have you had or do you now have (circle if yes) : 1. Diabetes 2. Asthma 3. High blood pressure 4. Chest pains 5. Heart attack 6. Epilepsy 7. Drug reactions
If you answered yes to any of the above, explain and include date of the latest incident:

I understand that any physical activity involves a risk of injury, I understand that my participation in the R.I. DISTRICT 3050 INTERNATIONAL RYLA program is entirely voluntary. I release the organizers of this International RYLA, its employees, and staff from any claims or liability arising out of my participation.

Participant's name : _____ Date _____

Signature :

Venue : Rotary Binani Sabhagaar, Shopping Centre - 324007
Correspondence Address : Rotary Binani Sabhagaar, Shopping Centre - 324007

Contacts table with columns: President, RYLA Chairman, President Rotaract Club Kota, Secretary. Includes names like Rtn. Dr. Vikrant Mathur, Rtn. Sanjeev Agarwal, Rtr. Neha Gupta, Rtn. Aashish Maheshwari and their contact details.