

Booking Confirmation - RYLA 2024

Please read the notes before completing

1. This form should be completed, ideally electronically, by the **Candidate** and their **Parent or Guardian**, and returned to the Sponsoring Rotary Club who will confirm their acceptance and return it to the Administrator.
2. Please use Block Capitals and ensure that all sections are completed clearly.
3. Please ensure that both Candidate's and Parent's email addresses are given and that these are used regularly, as essential documents will be sent to these addresses
4. Please complete the Medical details and Consent, which will be given to staff at Storey Arms
5. Please attach a photograph. No one has ever got lost but if someone does it helps to be able to show what they look like!

Candidate Details:

Candidate's Full Name:

Date of Birth: Age at 18/8/24:

Male Female

Address:
.....

Postcode:

Candidate's Home Telephone Number:

Candidate's Mobile Number:

Candidate's Email Address:

Week Requested:

Please let your Sponsoring Rotary Club know your preferred week(s) to attend the RYLA Courses. They will tell you if there is a problem fitting you in to that week. It will help to know whether you can attend on dates other than your preferred week. It is occasionally necessary to switch students between weeks and every effort is made to fit changes in.

		Please mark as 1 st , 2 nd or 3 rd choice
Week 1	21 st July – 26 th July 2024	
Week 2	28 th July – 2 nd August 2024	
Week 3	4 th August – 9 th August 2024	

Sweatshirt:

At the end of the course you will receive a RYLA Sweatshirt. Please indicate your size below.

Small Medium Large Extra Large

Parent/Guardian Details:

Name:

Address (if different from above)

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Day-time Telephone Number:

Evening Telephone Number:

Parental Email Address:

Images.

Rotary would like to use images of RYLA courses in publicity material both to help future RYLA candidates and to promote Rotary. Please indicate your agreement or otherwise by circling the appropriate letter and signing in the box. Not agreeing to c and d does not preclude the individual from participating in RYLA.

I agree to:

Photographic/video records being taken and used for Rotary International in Great Britain and Ireland (RGB&I), District or Club publicity purposes in printed, electronic and online formats.

Yes No

Potential future contact by the RIBI, District and Club Public Relations Officers for public relations purposes. Yes No

Signed Parent Guardian

Date

To be signed by Sponsoring Rotary Club:

I confirm that is sponsored by Rotary Club of

Signed Date.....

PLEASE RETURN THIS FORM TO

HAYLEY RIDGE-EVANS
5, NANTYGWREIDDIN,
BRECON
POWYS
LD3 8HB

All Sections Must Be Completed on This Form

Mandatory Medical Consent Form

Name of Candidate:

Name of Parent/Guardian:

Emergency phone numbers:

Day

Evening:

I hereby give permission for any medical/hospital treatment necessary for my son/daughter whilst at Storey Arms Centre

Signed **Parent** **Guardian** **Date**

Doctor's Name

Full Surgery Address

.....

Surgery Telephone Number (incl STD Code)

Health Report:

1. Please circle the appropriate answer and add specific details if necessary. Storey Arms is able to deal with common allergies, illnesses and low-level mobility issues, and different dietary requirements but they need to be informed in advance.
2. Please inform the Administrator when you arrive at Storey Arms if you have any temporary illness or any of the statements made below need updating.
3. If your Tetanus inoculation is not up to date, you must ensure you get it updated before the course and confirm that you have done so.

	Yes	No	Please give details if answer is yes
Do you suffer from any recurring illness			
Do you take any medication regularly that you will need with you on RYLA			
Do you have allergies/allergic reactions			
Are any activities restricted due to health?			
Do you have any dietary requirements			
Do you have an up to date tetanus			
Do you have any disabilities or mobility issues			