



June 8-11, 2023 College of Coastal Georgia, Brunswick Georgia Rotary International District 6920

Rotary Youth Leadership Award 2023 RYLA Application

We Recommend you complete the application ON LINE (use the QR Code or go to WWW.RotaryDistrict6920.org)

Application Instructions to fill out & mail in, if preferred:

- 1. Use black ink fine point pen. **PRINT** clearly. Applications that cannot be read will be rejected.
- 2. Be sure to answer every question If a questions doesn't apply, please answer "NA".
- **3.** Be sure to include the name of the Rotary Club sponsoring/paying for your participation.
- 4. Before completing the application be sure to review information on the rotary website at www.rotarydistrict6920.org (Use the QR code above). On the website click on Youth Services, then Rotary Youth Leadership Awards). Please note there are 6 additional forms (consents) required by the Coastal College of Georgia/UGA System. You must complete and submit ALL
- 5. 2023 RYLA will be held at Coastal College of Georgia the weekend of June 8 11, 2023. The program is based on full participation from Thursday, 3:00 pm to Sunday, 12:00 pm If you have any conflict that would require you to leave the program for any reason DO NOT REGISTER. (Note: Be sure to check SAT and ACT test dates)
- 6. RYLA is open to high school rising Juniors & Seniors.
- 7. Acceptance into RYLA is not complete until payment has been received from the sponsoring Rotary Club.
- 8. Return application, and all consent/waiver forms (you'll have a total of 7 forms)
- 9. For Rotary Clubs Make Check Payable to "Rotary District 6920- RYLA"
- **10.** Additional questions contact RYLA registrar, information below.
- 11. No penalty for cancellations before April 15, 2023. After April 15, there are no refunds or credits. Rotary Clubs MAY substitute a Student until June 1, 2023.

Send or email completed application to:

Leslie Mattingly - RYLA Chair P.O. Box 20461 St Simons Island, GA 31522 Email: rotaryd6920@gmail.com Phone: 912-222-5430



Rotary International District 6920

STUDENT REGISTRATION FORM

June 8-11, 2023 College of Coastal Georgia, Brunswick Georgia Rotary International Pistrict 6920

PRINT clearly use black ink fine point pen

Name of Sponsoring Rotary Club:	
Student Last Name:	First Name:
Nickname:	Gender: Male Female
Home Address:	City, State, Zip
Student Cell Phone:	Home Phone:
Primary (Personal- not school) Email A	ddress: (Print Clearly)
RYLA? No Yes	
High School Information:	
	Grade Level:
Parent or Guardian Information:	
Father Name:	Emergency phone:
Mother Name:	Emergency phone:
STUDENT SIGNATURE:	
Date:// Studen	t Signature:
Send or email completed application an Leslie Mattingly, RYLA Chair, P.O. Box	

CLUBS: Make Check Payable to District6920 - RYLA

If submitting manually, please print, complete and Include all 6 consents required by UGA/Coastal College of Georgia with your Application. (found on the website- use the QR Code and Select "Participant Forms")



June 8- 1 1, 2023 College of Coastal Georgia, Brunswick Georgia Rotary International Pistrict 6920

Rotary District 6920 Coastal College of Georgia June 8-11, 2023

PARENTAL CONSENT - SPECIFIC TO ROTARY.

Student First Name: _____ Last Name: _____

We hereby release and agree to save and hold harmless Coastal College of Georgia, UGA System, Rotary chaperons, Rotary leaders, committee members of all Rotary Clubs, as well as the sponsoring Rotary District and Rotary International from any and all liability which the student may or could claim or assert against any such person or Rotary entity, or any of their members, officers, directors and committee members by reason of any personal injury or death which could be suffered by said student and for loss of or damage to any personal property or any loss, monetary or otherwise, during the period of his/her stay and until his/her return to his/her home expressly any and all claims for liability at Coastal College of Georgia and the University System of Georgia which the undersigned might or could assert. We also give permission for our Student to be photographed/video for promotion of the RYLA program.

I understand that infraction of any rules, regulations and/or guidelines concerning proper behavior may cause my son/daughter to be withdrawn from the program.

PARENTS/GUARDIAN: I give my consent for my son/daughter to participate in the RYLA program and declare that I know and accept the rules of Rotary District 6920. I understand that if my son/ daughter does not obey the rules he/she may be sent home immediately. The undersigned applicant and parents give consent to have photographs or videos used in the interpretation and promotion of the RYLA program.

Signatures:

Student Signature

Date

Parent/Guardian Signature

Date

Send or email consent form to:Leslie Mattingly, RYLA ChairP.O. Box 20461 St Simons Island, GA 31522rotaryd6920.ryla@gmail.com912-222-5430