



Teen Leadership Camp
 District 5300, Rotary International
 Parental Consent for Participation & Medical Treatment
 November 7-10, 2008.

Please print or type *Please complete ALL items* Parent/Guardian **MUST** sign!

Please print legibly or type **Please complete ALL items** *Parent/Guardian MUST sign!*

Student's Name:	Name for Badge:	Circle T-Shirt Size Adult: S, M, L, XL	
Address:	Sex:	Date of Birth:	Age:
City:	State:	ZIP:	
Parent/Guardian's Name:	Parent's 24 Hr. Phone ()		
Parent/Guardian's Address (if different from above):	Home Number ()		
Alternate Contact Name:	Alt. Phone Number: ()		
Name of Medical Insurance Company:	Policy Number: ()		
Physician's Name:	Phone Number: ()		
School Name:	Phone Number: ()		
Email Address: Student		Email Address: Parent	
Please list any problems, allergies or medical conditions of which we should be aware:			
Please list any prescription medications, with dosage and frequency, which the student is using or might need:			
ROTARY CLUB:		RETURN BY: SEPTEMBER 19, 2008	

To aid the Rotary TLC Committee in making their selection for interviews describe your leadership experience. (Start with the earliest experience, up to the most recent)

	Organization	Leadership Role	How Long
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

To aid the Rotary TLC Committee in making their selection for interviews please describe how you feel about leadership and its importance.

PARENTAL/GUARDIAN AUTHORIZATION: I do voluntarily consent to said minor's participation in all activities of the Teen Leadership Camp (including participation in the high ropes course) to be held at the Astro Camp in Idyllwild, California on November 7-10, 2008.

I assume responsibility for any medical or treatment/transport fees or costs incurred directly or indirectly because of said minor's participation. I also authorize the representative(s) of Rotary International to arrange for professional care and treatment in case of medical emergency. I hereby give permission to the physician selected by the Rotarian(s) to hospitalize, secure professional treatment for and/or to order injections, anesthesia and/or surgery for the minor named above.

Initial: _____

In consideration of the Rotary Club, Rotary International Districts and Guided Discovery, Inc., I permit this minor to participate in the Teen Leadership Camp and to engage in all activities related to the weekend program. I hereby assume the risk associated with participation & agree to hold the Rotary Club, Rotary International Districts & Guided Discovery, Inc., its committees, employees, agents, representatives, & volunteers harmless from any & all liabilities, actions, causes of action, claims or demand of any kind & nature whatsoever which may arise by or in connection with said minor's participation in any activities related to the Teen Leadership Camp. The terms here shall serve as a Release & the assumption of the risk for said minor, his or her heirs, estate, executor, administrator, & assignees as well as members of my family. **Initial:** _____.

I also take full responsibility for any valuables that the above named participant takes to this camp and give permission for Rotary to post pictures of said minor participating in this event in Rotary publications including on its WEB site. **Initial:** _____.

I further consent to permit authorized Rotarians to contact said minor after the Teen Leadership Camp with respect to other Rotary Programs and activities.

I certify that the above named participant will not be **over 13 years** of age, nor **under the age of 12 years** old, on November 1, 2008.

A photocopy of this form is as valid as the original.

Print Parent/Guardian's Name:	Signature:	Date:
--------------------------------------	-------------------	-------

If, for religious reasons, you cannot sign the above consent, please sign below as a waiver of responsibility on behalf of Rotary International, Guided Discoveries and all individual Rotarians.

Parent/Guardian's Name:	Signature:	Date:
-------------------------	------------	-------

I understand the commitment that goes along with selection to participate in the TLC Leadership Conference to be held on the weekend of November 7-10, 2008. I will attend the orientation meeting, Rotary club meeting and the entire TLC conference.

Applicant's Name:	Signature:	Date:
-------------------	------------	-------