

## For RYLA Applicants under 18

Please complete this consent form and return to us at:

(RYLA Application)  
Rotary Information Centre,  
14/F, Capital Commercial Bldg  
26 Leighton Road  
Causeway Bay  
HONG KONG

Attn: RYLA Secretariat  
(Fax: +852 2895 5926)

Dear Sir or Madam:

I agree for the following applicant (name) \_\_\_\_\_ ID/Passport  
no: \_\_\_\_\_ to take part in the upcoming Rotary Youth Leadership Awards.

I understand that elements of risk are involved in some of the training and that the organising parties will not be liable for any injuries or accidents. I further agree that should the applicant require medical treatment, I consent for him/her to receive whatever treatment needed or determined by a registered doctor.

X \_\_\_\_\_  
Signature of Parent / Guardian (for applicant under 18)

Date: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Contact telephone no.: \_\_\_\_\_

Encl.