



DISTRICT 6250 ROTARY YOUTH EXCHANGE PARENT/GUARDIAN SIGNATURE PAGE

My son / daughter, _____, has my permission to visit with family, extended family or a family friend in the USA on the Rotary Exchange Program during the specific dates of _____ to _____.

I acknowledge that I have reviewed and agree to the terms of the following two DISTRICT 6250 Rotary Youth Exchange Policies posted on the District 6250 website:

- [Family Visit Policy](#)
- [Extended Family / Family Friend Visitation Policy](#)

and I accept full responsibility for my son / daughter while they are in the care of the extended family, and/or family friend as listed below:

Name: _____

Address: _____

Mobile Phone: _____

Email: _____

Signature (Parent/Guardian)

Print Name

Date

Return completed form to InboundRYE6250@gmail.com

This is an editable pdf document. With the correct software, you can complete the fields and digitally sign the document. If you are unable to complete the form digitally, print the document, complete clearly by hand, scan and then email.