

District _____ CENTRAL STATES ROTARY YOUTH EXCHANGE PROGRAM INC.

PARENT/GUARDIAN SIGNATURE PAGE

(One form required for each parent/guardian)

	, acknowledge that I have reviewed the Central States Rotary Youth
	und Student Long-Term Program Application, being submitted by my
_	, including:
Parent Contact Informa	tion
Emergency Contact Info	rmation
Country selections subm	itted
Medical Form (4 pages)	
Dental Form	
s and Conditions of Exch	ange, Declaration, and Medical Permission & Release t Form
	Signature (Parent/Guardian)
	Print Name
OF)	
ly came before me this	day of
edge the same.	o me known to be the persons who executed the foregoing and
me	
	Parent Contact Informat Emergency Contact Info Country selections subm Medical Form (4 pages) Dental Form signed: and Conditions of Excha and District Endorsemen OF