

ROTARY YOUTH PROGRAM OF ENRICHMENT

**Registration Package for
Student/Parent/Guardian
September 21 - 24, 2017
Southern Alberta Bible Camp**



For More Information Contact:

**Karen Johnson,
Rotary 5360 RYPEN Chair
Rotary Club of Lethbridge Sunrise
403-315-9012
kfjrotary@gmail.com**

Rotary 
District 5360



PROGRAM OBJECTIVES:

RYPEN provides youth between the ages of 13 and 18 years old the opportunity to enhance and develop individual self-confidence and personal growth/life skills. This particular conference is focused on youth who have had limited opportunities to attend leadership development programs. The leadership development philosophy of the RYPEN program is based upon the “holistic – meaning whole person” approach (developed by Lyle Benson), with self-esteem enhancement through the small group process as the foundation. Youth will be involved in a variety of active experiential sessions addressing areas such as cooperation, goal setting, group decision making, interpersonal skill development, problem solving attitudes, values clarification, conflict resolution, and active listening and communication. This is all accomplished through a “learn by doing” approach, and a “fun with a purpose” attitude. Throughout the seminar, participants work together in small groups paired with youth leaders from previous RYPEN Experiences. Each group also has an adult mentor.



What is RYPEN?

RYPEN stands for the Rotary Youth Program of ENrichment. RYPEN is a residential experience, you will be involved in a variety of sessions, workshops and activities. Each one provides an opportunity for you to develop yourself, to challenge yourself, build friendships with other people, who think like you. We also provide the opportunity for you to learn, and build your skills in these areas:

- leadership;
- working in a team;
- communication;
- goal setting;
- challenging yourself
- contributing to the community; and
- growing up in a digital world.

RYPEN also provides an opportunity for you to:

- increase confidence;
- increase self-esteem and self-awareness;
- consider the impact of life choices;
- build trust;
- explore values;
- explore ways to deal with stress;
- challenge your fears;
- reflect on how you can make a difference to their school and the broader community;
- and HAVE FUN!



Who are the Leaders involved in this program?

RYPEN Experience is provided through Rotary District 5360. Details of the region, and the operation of the RYPEN program can be found at <http://rotary5360.ca/Page/youth-service>. All adult and leader team members carry current Police record checks, and have completed the Rotary Volunteer Application Process.

The RYPEN 2017 Experience will be led by Trevor Brown, a member of the Rotary Club of Lethbridge Mosaic, supported by volunteers who have chosen RYPEN 2017 Experience as a volunteer activity this year.

Our youth and adult leaders will be trained in the areas of the role of the volunteer, rapport building and disclosures, community web of support, suicide awareness, completing the Little Warriors online Prevent It! program, self-care, and getting to know each other. Our trainer and camp facilitator is a former camp leader.

Trevor brings a wealth of experience and skills from his work locally, provincially and volunteering internationally, and has been working with youth in a variety of roles across Alberta for the past 13 years.

Trevor ran a consultant business called Operation Humanity that worked with schools, agencies, and municipal/provincial governments that provided presentations, facilitation and consultation on youth initiatives and events. He travelled provincially to help create and facilitate multiple youth councils that engaged the youth voice in municipal and provincial politics and social issues. It was through this work that Trevor began working closely with a local not for profit to provide suicide and bullying prevention programming to youth in Southern Alberta. Trevor was instrumental in the grant writing, creation and implementation of the many incarnations of the Building Bridges programming. In approximately 8 years of operation, Trevor and the Building Bridges program engaged over 3,000 youth with experiential learning opportunities including 5 summer camps.

Trevor is an energetic and engaging facilitator that has been well recognized for his work in Southern Alberta.

We will also have some very special guest speakers!



Contact Information

Rotary contact for operation of RYPEN can be contacted concerning RYPEN administrative matters:

- Karen Johnson 403-315-9012 kfjrotary@gmail.com – Camp wifi and cell service is intermittent
- During camp, RYPEN staff and participants may be contacted at Southern Alberta Bible Camp at 403-790-3644 (note this phone is not monitored 24/7)

Transportation- RYPEN participants must arrive at camp by 3:30 PM, on Thursday, September 21, 2017. Participants will be ready to leave the camp by 11:00 am on Sunday, September 24, 2017. *Please note: The sponsoring Rotary Club will arrange Transportation to and from camp.*

Accommodation- Sleeping accommodations will be provided in heated cabins for RYPEN participants and staff members. No bedding is available at SABC. All participants and leaders will be required to bring a sleeping bag and pillow. Mattresses will be provided.

Dining- A complete dining facility is provided and a tuck-shop is open daily during afternoon leisure time. Candy, chocolate bars, chips, ice cream and pop are available at the tuck shop. Any dietary restrictions **MUST** be included on the student registration form.

Shower Facilities- Complete, modern toilet facilities including showers are provided. Participants and staff will be required to bring their own toiletry items.

Kit- The activities program is varied and busy. Events will be held outdoors as well as indoors. In light of the cool temperatures in the evenings expected mid-September, warm outdoor clothing is required. Sturdy footwear is also required.

Medications- As a safety precaution, participants will be required to turn all medications over to the camp nurse upon arrival. This includes drugs such as aspirin, Tylenol, and the like. They will be provided as required to their owners. Any special instructions as to medications **MUST** be included in the student registration form. Please provide a medical bag with the appropriate labels.

Electronics- The nature of the RYPEN program is such that these devices are discouraged. Personal listening devices are only permitted during leisure time. Otherwise will be confiscated.

Valuables- There is no locker space at SABC. Personal affects will be maintained in the suitcase/duffel bags brought to the camp. Consequently, locks are suggested. On request, valuables such as money, return transportation tickets, and the like may be left with the leaders for safekeeping.



RYPEN PARTICIPANT INFORMATION (parent/guardian to keep)

Summer Camps • Staff and Volunteers • Facility Rentals • Events Follow Us: [f](#) [i](#) [t](#) [v](#)

How to contact us

Phone Us
[\(403\) 792-3644](tel:40317923644)

Fax Us
[\(403\) 792-3645](tel:40317923645)

Send Us Mail
 Box 99
 Lomond, AB
 TOL 1G0
sabc.ca

We are one hour from Lethbridge, Taber, and Brooks, and less than two hours from Calgary and Bow Island. The most exciting news is highway 529 is now paved!! Now there is only 2 miles of gravel to the camp.

Here we are! Right in the middle of the map!

Southern Alberta Bible Camp
 151002 Range Road 212 #100,
 Lomond, AB TOL 1G0
 4.5 ★★★★★ 8 reviews
[View larger map](#)

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ABOUT SOUTHERN ALBERTA BIBLE CAMP (SABC)

Southern Alberta Bible Camp is located near Little Bow Provincial Park, a short 1 hour drive from Vulcan and 100 km from Lethbridge. This modern facility sits on the edge of Travers Reservoir and includes the Lodge building, lodge cabins and gymnasium. The camp also offers a soccer field, climbing wall, giant swing, and campfire. Campers will stay in the heated cabins located just outside the Lodge building.

When packing for the camp, you will need...

- Positive Attitude!!!
- At least 2 complete changes of clothing
- Sleeping bag (or sheets and blankets) and pillow (the cabins are heated)
- Runners and sandals
- Indoor shoes
- Rain jacket and boots (optional)
- Pillow
- Flashlight
- Warm outer wear
- Pajamas
- Camera (optional)
- Gloves and hat/toque
- Personals (toothbrush, towel, deodorant, etc.)
- Musical instrument or some other “thing” for the Talent Show!
- Water bottle (we do have some in our Tuck Shop)
- Clothing suitable for September weather conditions. Jeans, t shirts, hoodie, wind breakers, warm socks – extra layers for the cool mornings and evenings.
- Towel, facecloth



Please note that Rotary District 5360 and SABC will not be responsible for any loss or damage to any valuables including electronic devices such as, but not limited to mobile phones, iPods, iPads, cameras, etc. In the interest of minimizing the risk of lost property, please do not bring these items to the Camp.

The rest of this package must be returned to your sponsoring Rotary member.

SPONSORING ROTARY CLUB			
NAME OF RYPEN CONTACT AT ROTARY CLUB			
CONTACT PHONE NUMBER		MOBILE NUMBER:	
EMAIL			

The Rotary Club sponsoring you, is responsible for forwarding this form to the RYPEN Co-ordinating team.

Congratulations !

You have been given this form, because someone in your life (home, school or community) believes that the RYPEN Experience is for you.

This Registration form has 2 parts:

- Section 1 Student must complete
- Section 2 Parent/guardian must complete

You need to return the form to *whoever gave it to you*, by **no later than September 9, 2017**.

When you participate in RYPEN, you are being sponsored by the Rotary Club.

This space is for you to attach a photo of yourself to the application form.

What size T-shirt fits you? Please circle the size that you need

We have a RYPEN Experience T-shirt – and we endeavour to get the right size for you. Please circle the size that fits you best.

Size	8	10	12	14	S	M	L	XL	2XL	3XL
Chest (cm)	83	88	94	98	107	112	117	122	127	132



SECTION 1

This section is for the participant to read and sign:

The RYPEN Experience will be: Thursday September 21 to Sunday September 24 2017

We follow a code of conduct for the RYPEN Experience:

YOUR LAST NAME		YOUR FIRST NAME(S)
WHAT DO YOU LIKE TO BE CALLED?		
DATE OF BIRTH		GENDER
HOME ADDRESS		
CITY/TOWN		
HOME PHONE NUMBER		YOUR MOBILE NUMBER
STUDENT EMAIL		
WHICH SCHOOL DO YOU ATTEND? SCHOOL CONTACT (IF APPLICABLE)		
SPORTS & HOBBIES IN WHICH YOU HAVE AN INTEREST?		
MUSICAL INSTRUMENTS THAT YOU PLAY (IF IT IS PORTABLE, PLEASE BRING IT TO RYPEN)		
DIETARY REQUIREMENTS (ARE THERE ANY FOODS THAT YOU CANNOT/DO NOT EAT?)		

- We respect each other and demonstrate that respect by allowing each person to make choices as to how they contribute.
- One person to speak at a time means that everyone feels heard and respected, including presenters and guests.
- We attend and participate in every meal and session – we respect that there may be exceptions to this which are handled by your Camp Leader.
- We remain on the campsite from the time we are dropped off to the time we are picked up.
- We understand that the RYPEN Experience is a program for selected participants and leaders only, and is not open to visitors (such as family and friends).
- We agree that tobacco products, alcohol and illicit drugs, and weapons are not permitted.

I, _____ have read, and I understand the code of conduct and I agree to participate and follow the code of conduct.



Signature

Date



SECTION 2 RYPEN 2017 STUDENT REGISTRATION FORM

To be completed by the participant’s parent or guardian

SURNAME: _____ **FIRST NAME:** _____

PREFERRED NAME: _____ **GENDER:** _____

HOME MAILING ADDRESS: _____

DATE OF BIRTH: _____ **AGE AT CAMP:** _____

ALBERTA HEALTH CARE NUMBER: _____

OTHER HEATH CARE PLAN AND NUMBER: _____

Identify any special needs your child may have including physical, emotional, and/or behavioural conditions, allergies, or food restrictions.

If none, please write NONE: _____

PARENT/GUARDIAN CONSENT

Rotary District 5360 Release and Waiver

I, _____, parent/guardian of the said child _____:

1. Do hereby acknowledge and give permission on behalf of myself and the said child to participate in the following program hosted by the Rotary District 5360.
2. The Rotary Youth Program of Enrichment (RYPEN) Camp September 21-24, 2017 at Southern Alberta Bible Camp (SABC). Possible hazards which can be reasonably anticipated include weather conditions, natural physical hazards associated with a wilderness setting, resident wildlife, and hazards associated with participation in an outdoor/indoor recreational activity or session.
3. Do hereby release the Rotary District 5360, its agents, employees and their heirs, executors, administrators, successors and assigns from all manner of action, causes of action, claims and demands, either I or the said child ever had, now have or hereafter can, shall or may have for or by reason of any cause, matter or thing arising from the participation in the above activity/event.
4. Give permission for the use of pictures, photographs or videotape of the said child, to be used for publicity or promotional purposes.
5. Recognize that representatives of Rotary District 5360 may restrict or dismiss the said child from further participation if the child’s behaviour has been deemed inappropriate or threatens the comfort and safety of themselves or fellow participants. In this instance the emergency contact listed below will be responsible to drive to SABC and take participant home.

This waiver of rights is binding upon me, the said child, and our heirs, executors, and administrators. I fully understand this waiver/release of rights, and its importance and significance.

IN WITNESS WHEREOF I have hereunto set my hand and seal this _____ day of _____, 20__.

Parent/Guardian to complete





Signature of Parent/Guardian

Signature of Witness

Transportation for my son/daughter/ward to and from the RYPEN Experience has been organized as follows:

The person who will be bringing my son/daughter/ward TO camp:

The person who will be bringing my son/daughter/ward FROM camp:

TO

FROM

NAME: _____

NAME: _____

HOME ADDRESS: _____

HOME ADDRESS: _____

MOBILE NUMBER: _____

MOBILE NUMBER: _____

 My son/daughter/ward will be taking the RYPEN bus to the RYPEN Experience

Those listed as a contact MUST be available for telephone contact over the course of the Camp timeframe.

PRIMARY EMERGENCY CONTACT

NAME: _____ RELATIONSHIP _____

ADDRESS: _____

TELEPHONE: HOME: _____ WORK _____ MOBILE _____

SECONDARY EMERGENCY CONTACT

NAME: _____ RELATIONSHIP _____

ADDRESS: _____

TELEPHONE: HOME: _____ WORK _____ MOBILE _____

Parent/Guardian to complete



As parent or guardian, you must complete and sign the Health Statement which is handled by the team member responsible for First Aid.

Participant's Surname:	Participant's First name:
HEALTH STATEMENT <i>Please ensure the following section is filled in as accurately as possible</i>	
Does the participant suffer from any physical or other disabilities or ailments?	<input type="checkbox"/> Yes / <input type="checkbox"/> No IF YES PLEASE LIST
Does the participant suffer	
Asthma?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Diabetes?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Epilepsy?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Dizzy spells or blackouts?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Migraine headaches?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Does the participant suffer	
Food allergies? Please list	<input type="checkbox"/> Yes / <input type="checkbox"/> No IF YES PLEASE LIST
Insect bite allergies? Please list	<input type="checkbox"/> Yes / <input type="checkbox"/> No IF YES PLEASE LIST
Hay fever?	<input type="checkbox"/> Yes / <input type="checkbox"/> No IF YES PLEASE LIST
Contact allergies? Please list	<input type="checkbox"/> Yes / <input type="checkbox"/> No IF YES PLEASE LIST
Drug allergies? Please list	<input type="checkbox"/> Yes / <input type="checkbox"/> No IF YES PLEASE LIST
Is there any further information we have not asked which you consider to be important?	
Details of last Anti-Tetanus injection: _____ Year of original injection: _____	
I hereby Authorize the adult in charge of the above activity, in circumstances where it is not possible or it is impracticable to contact me, to seek for my child such surgical, medical or dental treatment as a qualified Surgeon, Medical or Dental Practitioner may consider to be necessary (including the transfusion of blood) and I hereby consent to such treatment.	
Date: ____/____/____	Parent/Guardian Signature: _____



RYPEN PARTICIPANT REGISTRATION MEDICATION FORM

Participant's Surname:	Participant's First name:
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For safety purposes any medication brought to camp will be collected and locked up by the Camp Nurse when not being administered. All medications MUST be in a bubble pack or the original package/bottle clearly labeled with the participant's name on the package/bottle. The camp will NOT accept any medications that is not in its original package/bottle. No medications either prescription or over the counter will be allowed in the cabins. (Any unused medications left at camp will be appropriately disposed of.)

Medications to be accompanied with Participant:

Medication	Total # of doses brought to camp	Administration details (specific times that medication should be taken or as needed)	Parents Initial

1. We the under signed being the parent/guardian of the participant listed above do give permission to the RYPEN staff to give my child/ward non-prescribed medication **being stated as** Benadryl, Ibuprofen or Acetaminophen if I cannot be contacted when the situation arises. Camp will provide these non-prescribed medications therefore please **do not** send the following medications
Please check all allowed
 Diphenhydramine (Benadryl) Yes / No
 Ibuprofen Yes / No
 Acetaminophen Yes / No

2. We the under signed being the parent/guardian of the Participant listed above do give permission to the RYPEN staff to administer an Epi-pen to my child if I cannot be contacted immediately when the situation arises. I am providing the Epi-pen for my child to take to camp, and understand that my child should know how to utilize an Epi-pen as well.
(As the leader won't always be directly beside the participant, this could mean the Epi-pen is a few minutes away)
 I would like my child to carry the Epi-pen Yes / No
 I would like my child's leader to carry the Epi-pen Yes / No

3. I hereby Authorize the Camp Chair or Camp Nurse of the RYPEN 2017 Experience, in circumstances where it is not possible or it is impracticable to contact me, to seek for my son/daughter/ward such surgical, medical or dental treatment as a qualified Surgeon, Medical or Dental Practitioner may consider to be necessary (including the transfusion of blood) and I hereby consent to such treatment.

4. I authorize the use of an ambulance service for my (as above) if such treatment or service is believed to be necessary.

Parent/ Guardian Signature

Relationship to Participant

<u>For Office Use Only</u>
Medication reviewed and received by (please sign):
Medication returned to Participant (please sign): _____