This form must be returned to:

|  |  |  |
| --- | --- | --- |
| ROTARY CLUB |  |  |
| NAME OF RYPEN  CONTACT AT ROTARY CLUB |  |  |
| CONTACT PHONE NO |  | MOBILE NO |
| EMAIL |  |  |

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

Congratulations!

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

You have been given this form because someone in your life (home, school, or community) believes that the RYPEN 2019 Experience is for you.

There are 3 parts to this form:

Section 1 is to be completed by you (the applicant). Section 2 is to be completed by your parent/guardian. Section 3 has the camp address and your packing list –

Please keep this section.

You need to return the form to *whoever gave it to you* by

**no later than 11th February 2019**.

When you participate in RYPEN, you are being sponsored by the Rotary Club so there is no cost to you.

**SECTION 1**

|  |  |  |
| --- | --- | --- |
| YOUR LAST NAME |  |  |
| YOUR GIVEN NAME(S) |  |  |
| PREFERRED NAME |  | GENDER |
| DATE OF BIRTH |  | MOBILE NUMBER |
| HOME ADDRESS |  |  |
|  |  |  |
| HOME PHONE NUMBER |  |  |
| EMAIL |  |  |
| SCHOOL |  |  |
| NAME OF YOUR YEAR LEVEL CO-ORDINATOR AT SCHOOL |  |  |

|  |  |
| --- | --- |
| SPORTS & HOBBIES IN WHICH YOU HAVE AN INTEREST |  |
| MUSICAL INSTRUMENTS THAT YOU PLAY  (IF IT IS PORTABLE, AND YOU FEEL COMFORTABLE DOING SO, PLEASE BRING IT TO RYPEN) |  |
| DIETARY REQUIREMENTS (ANY FOODS THAT YOU CANNOT/DO NOT EAT) |  |

**The following is for you to read and sign:**

**The RYPEN 2019 Experience will be:** Friday 29th March to Sunday 31th March 2019, at The Summit Adventure Camp, 21 Cemetery Road, Trafalgar East 3824

RYPEN Experience Code of Conduct:

* We respect each other and demonstrate respect by supporting each person to make choices as to how they contribute. This includes ensuring only one person speaks at a time so that everyone, including presenters and guests, feels heard and respected.
* We attend and participate in every meal and session – we respect that there may be exceptions to this which are handled by the Camp Leader.
* We remain on the campsite from the time we are dropped off to the time we are picked up. We also respect that the campsite may have rules in which certain areas of the site are off-limits without a camp team member present.
* We respect those with whom we share this experience and digital devices, such as mobile phones and tablets, are not used during the sessions or meals and are not excessively used at other times.
* We understand that the RYPEN 2019 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 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 and date)

## 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 best.

\* There is a size chart at the back of this application form to help you work out the right size.

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

**SECTION 2**

**To be completed by your parent or guardian**

**As parent or guardian, you also need to complete and sign the Health Form which is handled by the team member responsible for First Aid.**

**PARENT/GUARDIAN CONSENT**

1. I give consent for ………………………………………………………….my son/daughter/ward to participate in the RYPEN 2018 Experience which will be held **from 4:00 p.m. Friday March 29th 2019** to **3:30 p.m**. **Sunday March 31th 2019**.

…………………………………………………………………………………………………………………………………………… Name RELATIONSHIP

…………………………………………………………………..……………. \_ \_ / \_ \_ /\_ \_

(Signature and date)

1. I give consent that my son/daughter/ward may be included in the photographic records of the RYPEN 2019 Experience and Reunion

…………………………………………………………………………………………………………………………………………… Name RELATIONSHIP

…………………………………………………………………..……………. \_ \_ / \_ \_ /\_ \_

(Signature and date)

1. Transport for my son/daughter/ward to and from the RYPEN 2019 Experience has been organised as follows:

**The person who will be bringing my son/daughter/ward to the RYPEN 2019 Experience is:**

|  |  |  |
| --- | --- | --- |
| NAME |  |  |
| HOME ADDRESS |  |  |
|  |  |  |
| HOME PHONE NO |  | MOBILE NO |

**The person who will be collecting my son/daughter/ward to the RYPEN 2019 Experience is:**

|  |  |  |  |
| --- | --- | --- | --- |
| SAME AS ABOVE? | Y | N | **IF THE SAME, NO FURTHER INFORMATION IS REQUIRED.** |

|  |  |  |
| --- | --- | --- |
| NAME |  |  |
| HOME ADDRESS |  |  |
|  |  |  |
| HOME PHONE NO |  | MOBILE NO |

Photographic records are used to promote RYPEN Experience within Rotary clubs, and secondary colleges. Photographic records are not used for any commercial purpose. Photographic records include still photos and video footage.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Event:  RYPEN 2019 | | | | | Leave this area blank |
| Date/s of Event:  29/03/2019 to 31/03/2019 | | | | |
| Surname: | | First name: | | |
| Preferred name: | | | | |
| Address: | | | |  |
| Suburb: | Post Code: | | |
|  |
| Date of Birth:  \_ \_\_ \_\_ \_\_ \_\_ \_\_ \_ \_ | |  | Age at Activity: | | Gender: Male / Female |
|  | |
| Medicare No: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | Medicare Expiry Date: / / | | | Ambulance member: ****Yes / ****No |
| Private Health Insurer: | | Private Health Membership Number: | | | Healthcare Card Number: |
|  |

I authorise the Leader of the RYPEN 2019 Experience to arrange medical treatment and/or ambulance service for my son/daughter/ward, , if such treatment or service is believed to be necessary.

…………………………………………………………………………………………………………………………………………… Name RELATIONSHIP

…………………………………………………………………..……………. \_ \_ / \_ \_ /\_ \_

(Signature and date)

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

**PRIMARY EMERGENCY CONTACT**

CONTACT NAME: ……………………………………………………………………………RELATIONSHIP………………………… ADDRESS: ………………………………………………………………………………………………………………………………………… TELEPHONE: HOME: ……………………………….. WORK…………………………..MOBILE……………………………

## SECONDARY EMERGENCY CONTACT

CONTACT NAME: ……………………………………………………………………………RELATIONSHIP………………………… ADDRESS: ………………………………………………………………………………………………………………………………………… TELEPHONE: HOME: ……………………………….. WORK…………………………..MOBILE……………………………

Event: RYPEN 2019

|  |  |  |
| --- | --- | --- |
| Date/s of Event: 29/03/2019 | to | 31/03/2019 |
| Surname: |  | First name: |
| Preferred name: |  |  |
| Address: |  |  |

Leave this area blank

Suburb: Post Code:

Date of Birth:

Age at Activity: Gender: Male / Female

Medicare No: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Medicare Expiry Date: / /

Ambulance member: ****Yes / ****No

Private Health Insurer: Private Health Membership Number: Healthcare Card Number:

*Please ensure the following section is filled in as accurately as possible*

Does the participant suffer from any physical or other disabilities or ailments?

* Yes / No If yes, please describe:

Does the participant suffer from: Please describe condition/treatment: Asthma? Yes / No

Diabetes? Yes / No

Epilepsy? Yes / No

Dizzy spells or blackouts? Yes / No

Migraine headaches? Yes / No

Does the participant suffer from:

Food allergies? Yes / No

Insect bite allergies? Yes / No

Hay fever? Yes / No

Contact allergies? Yes / No

Drug allergies? Yes / No

Does the participant have any medications with them on this activity?

i.e., Injection/tablet/capsule, penicillin, Insulin, Ventolin, Epipen, other drugs.

* Yes / No Name of drug: Dosage: Reason or cause: Time of administration: Administered by:

### Any medication should be clearly labelled with the participant’s name and contact phone number, and be reported to the first aider in charge of the activity.

Is there any further information we have not asked which you consider to be important?

* Yes / No Please specify:

Details of last Anti‐Tetanus injection: Year of original injection:

Year of last booster:

Analgesics: In the event of your child requiring the administration of analgesic, do you hereby consent to them being given the recommended dosage of Paracetamol or Ibuprofen? Yes / No **Please sign here**: \_

I hereby authorise 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.

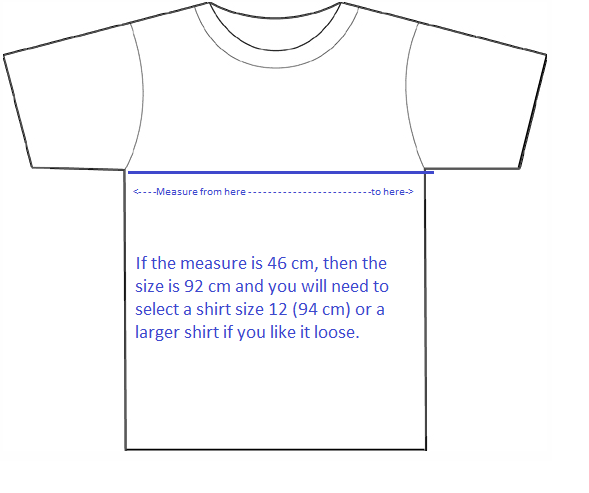
Date: / / **Signed**: Print:

**SECTION 3**

**(These pages are for you to keep – they give you a list of what to bring to RYPEN).**

### Here is how to get the right T-Shirt size:

To check your t-shirt size – get your favourite t-shirt, lay it flat on a table and measure across the front of the shirt from under one sleeve to under the other sleeve, then double the figure on the tape measure.



Please note: if your application form is returned AFTER February 28th, we cannot guarantee the shirt size that you nominate; you won’t miss out, but the fit will be better if your form comes back on time.

**REFERENCE INFORMATION WHAT IS RYPEN?**

**RYPEN** is a 1 ½ day seminar running from **Friday, 4:00 p.m. March 29, 2019** to **Sunday, 3:30 p.m. March 31, 2019** at SUMMIT Adventure Camp, Trafalgar East which focuses on building and working in teams, life skills, effective communication, and leadership. RYPEN is for youth aged 14-17.

All participants are sponsored by a local Rotary club to attend the seminar. Sponsorship includes all meals, activities, and accommodation (segregated and dormitory style).

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 of these provides an opportunity for you to develop and challenge yourself, build friendships with other like-minded peers, as well as learn and build your skills in areas such as:

* leadership;
* working in a team;
* communication;
* personal motivation and self-awareness;
* life skills;
* community issues and 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 they can make a difference to their school and the broader community; and
* HAVE FUN!

Throughout the seminar, participants work together in small groups with paired youth leaders. Each group also has an adult mentor allocated to the group.

**Information your parents will need:**

**Who are the Adults involved in this program?**

**RYPEN** is a program provided by Rotary International. The RYPEN 2019 Experience will be led by members of the Rotary Club of Dromana & the Rotary Club of Rosebud-Rye, supported by volunteers who have chosen RYPEN 2019 Experience as a volunteer activity this year. **All adult team members have fulfilled the requirements of the Rotary Youth Protection Policy including the holding of a Working with Children Check. The policy may be found on the Rotary District 9820 web site at** [**https://district9820.org/**](https://district9820.org/) **under policies & forms.** Theyhave also engaged in preparation and training sessions to develop and deliver the RYPEN program:

## When you pack for the camp you will need…

* Pillow
* Sleeping bag, or sheets & doona – (there is no linen or blankets on the bunks)
* Night attire. **Accommodation is fully kitted tents and the nights should be warm**.
* Clothing suitable for March weather conditions: jeans, t-shirts, jumper, windcheater(s), warm socks – extra layers for the cool mornings and evenings.
* Warm hat, scarf and gloves – unless it rains we have a camp fire one night.
* Torch
* Your own towel, face washer
* Soap, toothbrush, toothpaste, shampoo, conditioner
* Personal water bottle is a great idea
* Raincoat – there is about 100 metres (which is not covered) between the accommodation block and the main activity hall and the gymnasium
* Footwear for both indoor and outdoor activities.
* **Saturday night** we have a dinner and dance party. The evening is a celebration of the RYPEN 2019 Experience – what you wear is not important, having fun with the theme is. **The theme** this year is to come dressed as **“heroes vs. villains”.** Think the classics (Marvel, DC, Disney...) or sports stars and famous/infamous people (or the likes). You could even make up your own character! **You can work with the theme as little or as much as you like. Having fun is the most important part.**

## You may also bring…

* If you play **a portable musical instrument**, **please bring it with you (if you feel comfortable)**.
* Any medication or preventative medication you need to have with you, please ensure it is clearly labelled with your name and dosage rates.

**Please note that Rotary District 9820 Incorporated and the Summit Camp 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 minimising the risk of lost property, it is recommended you do not bring these items to the Camp.

**Is this program linked to any organisation?**

Yes. RYPEN is a program provided by Rotary International, and this RYPEN Experience is provided by the team from the region known as Rotary District 9820. Details of the region and the operation of the RYPEN program can be found on [www.district9820.org](http://www.district9820.org)

**RYPEN abides by the Rotary Privacy Policy** *The policy can be found at*[*https://my.rotary.org/en/privacy-policy*](https://my.rotary.org/en/privacy-policy)

# My question isn’t answered here?

Please call

Mark Long – 0408 558 262 – email: myfuzzylogic@optusnet.com.au