**The Cultivation of Youth in District 9685**  **Winter Camp Overview - 29th -31st May 2020**

**Rotary Youth Program of Enrichment** is aimed at the boys and girls, aged between **14 and 16 years**, (they must be 14 at the start of the camp) school **years 8 to 10**, who show some qualities of decency, courage, persistence, sincerity and application in everyday life and deserve further development. The principle aim is to communicate to young people a series of ideas, problems and social experiences which will assist them in forming their own values and moral standards, and to broaden their horizons culturally, socially and academically. The cost is only$300.00 per student but this will be funded by a local Rotary club seeing no cost to schools or families. (If the participant cancels within the 7 days immediately before camp, without an unavoidable reason the family *may* be liable for the cost.)

**RYPEN aims for the average student and not for the outstanding few**. It is advised that the student does not go with friends. If the students do not know anyone at the start of the seminar, they will leave with 60+ new friends and contacts when it finishes on Sunday afternoon, it also pushes them out of their comfort zone where the most growth can occur. RYPEN is an intensive program, consisting of plenary sessions, workshops and sport activities. Participants will be given an opportunity to learn from achievers in the worlds of business, law enforcement and more. Presenters will speak at workshops and share their experiences with participants, while emphasizing the need to work hard and stay focused. At the same time, participants are interacting with peers from different backgrounds and improving their leadership, teamwork and communication skills. All this is done in an informal atmosphere, where questions and debates are facilitated and encouraged.

Nominees are accommodated in dormitory style rooms with meals are provided in a communal dining room. Special dietary requirements can be catered for by the camp chefs. The District RYPEN committee provides the organisation and planning. Rotarians, their Partners and Youth Facilitators (Mentors) live-in for the duration of the camp, as counsellors and mentors and we also have a camp mum and dad just in case.

**PLEASE** consult pass this on to your school’s year advisers for year 8, 9 or 10 or your head of welfare. In addition to camp activities, participants receive suitable instruction and play an active part in introducing and thanking guest speakers, leading group activities and assisting in camp chores. Please contact the camp Director Amanda Barnes [winterrypen@gmail.com](mailto:winterrypen@gmail.com) if you have any questions.

The motto of RYPEN, which emerged from the first seminar in 1980, is **“the Cultivation of Youth”.** If you think a young person has qualities worth developing then they are suitable for **RYPEN**. They do not have to be the leaders in the school or up at the top of their year, they just have to show qualities that would be worth further development and nurturing. Our rules are simple and are consistent with civilised behaviour; breaches may result in the student being sent home. Try to select one boy and one girl as we have accommodation for 64 in 8 rooms that house 8 students, it would help us greatly if we have even numbers. It is always a bit harder to find boys, rather than girls.

**Information for Parents**

**WHEN:** 29th – 31st May 2020

**WHERE:** Blue Gum Lodge Springwood **COST***:* $300 per participant – covered by sponsoring Rotary Club **NOMINATION CLOSING DATE:** 1st May, 2020

It is the Parents responsibility to ensure their children are transported to and from the seminar, and arrive between **11-11.30am on Friday 29th May, 2020** for Registration and Lunch, but if needed this job should be pre-arranged with the sponsoring Rotary Club, not the camp committee. Please consider this early and make plans to bring them or discuss this with your Rotary club.

It is not satisfactory for the student to miss any of the Seminars; if your participant cannot attend all of the camp please do not apply; the camp costs the Rotary club $300 per participant so full attendance is expected.

Please forward your completed form to the Rotary club for them to complete the *Club Form* and forward it, with the *Participants’ Nomination Form(s),* as a completed package with their payment.

***Please only use nomination form sent out with this kit, DO NOT use previous forms***

**Rotary Club Form**

Send to **Amanda Barnes, Winter RYPEN Director at** [**winterrypen@gmail.com**](mailto:winterrypen@gmail.com)

Members of the Rotary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Club, support the nominations of the persons named: Nominee Name 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nominee Name 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_On behalf of the Rotary Club

Signature’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send completed *Club Form* and *Nomination Form(s)* to [winterrypen@gmail.com](mailto:winterrypen@gmail.com) once you receive acceptance we require **Direct Deposit** for **$300** per participant to:

Account Name D9685 RYPEN(Winter)

BSB 633000

Account number 163889959

Please include “RYPEN” and your Club Name in the transaction information, please forward receipt by email to Camp Chair: winterrypen@gmail.com as confirmation of payment.

**Rotary Club Check List**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Action** | **Completed**  **By** | **Dated**  **Completed** |
| 1. | Find at least, 2 suitable Participants  1 Girl + 1 Boy |  |  |
| 2. | Send in Club Form and Nomination  Forms to: [winterrypen@gmail.com](mailto:winterrypen@gmail.com) |  |  |
| 3. | Once you receive the acceptance confirmation-  Make payment $300 per participant to:  *Account Name D9685 RYPEN(Winter)*  *BSB 633000*  *A/c number 163889959*  Please include “RYPEN” and your Club Name in the transaction information, please forward receipt by email to Camp Chair: [winterrypen@gmail.com](mailto:winterrypen@gmail.com)  as confirmation of payment. |  |  |
| 4. | Invite Nominees to attend at least 1  Rotary Meeting PRIOR to the camp |  |  |
| 5. | Check if “Acceptance Instructions” have been received from camp committee |  |  |
| 6. | Confirm transport of participant has been  arranged:   * To the camp * From the camp * Who is providing transport |  |  |
| 7. | A driver arranged to bring the participant  home if an emergency arises.  Phone number must be given to the committee (parents are best for this) |  |  |
| 8. | Arrange to have participants speak to  sponsor club after camp |  |  |
| 9. | Organise for the press to be at the meeting or take photos and send to paper |  |  |

**RYPEN Camp Nomination Form**

**Nominee’s Details** (Please print clearly)

Full Name…………………… ………………………………… (For your certificate)

Preferred Name or Nick Name (For your name badge)……………………………………………

Birth date…………………………………… Gender: Male/Female/Other pls specify………..

Home Phone…………………………

Email (required)………………………………. ………Mobile…………………………………

We only send out your acceptance information via email so we need someone’s email address **(please**

**print CLEARLY)** you need to monitor that email address for your acceptance information. If you do

not receive any information by the beginning of May 2020, please contact Amanda Barnes on

[winterrypen@gmail.com](mailto:winterrypen@gmail.com)

Parent/Caregiver email (if different from above)................................................................................

Home or Postal Address…………………………………………………………………….. ……….

Suburb/Town…………………………. ……………….Post Code………………………

School Attending and Year………………………….. ………T Shirt size (S) (M) (L) (XL) (2XL)

Talents, Sport, Hobbies and Interest (there is a talent show as part of the camp, participants are

encouraged but not required to participate with individual talents)…………………..………………….

……………………………………………………………………………………………………………

Any matters that may affect camp participation or that mentors should be aware of:

(**This will be kept completely confidential, but is essential for mentor preparedness** – excluding

dietary requirements, see page 7 for this - eg medications, physical or mental disabilities, significant recent events, social or behavioural issues, gender identity) …………………….……………………

……………………………………………………………………………………………………………

**A colour head and shoulders photo will be taken when participants arrive at camp.**

**SPECIAL DIETARY FORM TO BE FILLED OUT BY THE PARENT/CAREGIVER OR PERSON WHO HAS THE SPECIAL DIETARY NEEDS**

|  |
| --- |
| NAME: |

|  |
| --- |
| **1.PLEASE READ THE TABLE BELOW REGARDING ADDITIONAL FOOD YOU MIGHT BE REQUIRED TO SUPPLY**  **DIETARY REQUIREMENTS FOR THE ABOVE GUEST**  ( ) No Gluten / Wheat (Coeliac)  ( ) No gluten containing grains (wheat, rye, oats or barley) or their products or extracts  ( ) I will bring my own bread, snacks  ( ) No Dairy  ( ) No milk, milk products or milk extracts. “So Good” soy milk is provided.  ( ) Own milk if “So Good” is not acceptable, snacks if desired.  ( ) Diabetic  ( ) Low sugar levels  ( ) I will bring Sugar free drinks, snacks.  ( ) I am a vegetarian  Any other dietary requirements………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………………………………………………….  Fruit is provided for between main meal and snacks.  **(Seafood is not served)**  In order for Youthworks to best serve its guests it is vital that all special diet forms are returned with application forms.  **Signed ……………………………………………….Parent/Caregiver Date………………………..**  NB: Youthworks are the organisation who owns the facilities we use at provide the catering for the Camp.  **2. ANAPHYLATIC & LIFE THREATENING REACTIONS**   If you are likely to suffer from a life threatening or anaphylactic reaction, or you cannot have food that carries the warning “may contain traces of ......” or “manufactured on equipment that also processes ......”, **you are required to supply the following**:   Your own PREPARED food to reheat   Disposable cutlery and crockery   A microwave and fridge space will be available for your use   **TICKING THIS BOX INDICATES YOU WILL BE SUPPLYING YOUR OWN FOOD (PREPARED MEALS)** |

**PARENT/CARE GIVER ACCEPTANCE**

Medical Protection

This RYPEN Seminar is conducted and supervised Rotarians, their partners and mentors, who live-in with participants, all have working with children check numbers, under the Child Protection Act 2014. Strict Rules will be enforced to ensure the safety and well-being of each participant. A security guards patrols the camp at night.

Accident Insurance has been taken out for the duration of Seminar. We do need your approval to seek medical assistance should an emergency occur. Please sign below to give your approval for your child to attend the; **RYPEN Seminar 29th-31st May, 2020 at Blue Gum Lodge Springwood**.

Applicants will not be accepted unless the Medicare Number is filled in.

Any special medication that has to be taken ……………………………………to be given, with dosage and instructions to mentors at arrival to camp – **without exception**

Medicare Number………………………....... Reference # on Card……… Expiry…………

Signed Parent/Caregiver……………….. ……………Emergency Phone No..................................

Sponsoring Rotary Club……………………………………………………………………

Photo Release

Photos will be taken during the weekend, these will be circulated to participants and may be used for

promotional purposes, they may be stored by the district camp committee to be used at a later date - If

you do not approve of this please notify us in writing when you return this form.

Amanda Barnes,

Winter RYPEN Camp Director District 9685

0410 572 368

[winterrypen@gmail.com](mailto:winterrypen@gmail.com)

**Rotary Youth Program of Enrichment**

**Rotary District 9685 29th -31st May, 2020**

**CONDITIONS OF ACCEPTANCE – to be completed by parent or caregiver**

I agree that my participant will participate in the Rotary Youth Program of Enrichment (**RYPEN**) weekend program and have read and agree to the following Conditions of Acceptance and Participation: My participant will be available to attend the full program on the nominated dates, and I have/will arrange the appropriate transport to and from the camp.

I acknowledge that this is a residential weekend course and no “leave passes” will be issued.

I understand that it is a condition of Rotary and The Blue Gum Lodge facilities that illicit drugs, illegal substances and alcohol are not permitted on site, and that use or consumption of these will result in expulsion from the program without refund of fees.

*Should there be a need for my participant to take any scheduled medication, properly prescribed by a medical practitioner, I will inform the RYPEN Director of this requirement. This medication will be handed over to the camp mentors at registration upon arrival at camp. Should my participant have a medical or behavioural condition or special circumstance, this is outlined on the page 5 of this application form.*

I understand that transportation to and from the venue is the responsibility of the parents/care giver, but may be undertaken by the sponsoring Rotary Club if prior arrangements have been made. I understand that the program may include, but is not restricted to, such activities as: team workshops, physical team building activities and other forms of sporting activities. These activities are organised and supervised by RYPEN staff. My participant may have the right to decline to participate in any programmed activity for medical reasons only, but in the event of their participation I acknowledge that whilst every care will be taken by the leaders, including those employees, agents and servants of The Blue Gum Lodge, and any other person nominated who may organise arrange and conduct those activities,

I expressly agree to hold liability and do hereby indemnify Rotary District 9685, the organising Rotary Committee, Clubs, their officers, members, servants, employees and agents from any and all actions, suits, damages, claims and demands arising out of accident, injury or illness which may befall or occur as a result of my participants' participation in during or as a result of any activity or function undertaken by them in connection with the RYPEN program including transportation to any activity and to and from the Blue Gum Lodge. Rotary District 9685 does hold a District Rotary Insurance Policy that covers your participant while at the camp and participating in all activities.

I further authorise any officer, member, servant or agent of the Rotary District 9685 or any Rotary Club, including those employees, agents or servants of The Blue Gum Lodge, in the event of any injury, accident or illness arising from any cause whatsoever to obtain such medical assistance or treatment that is deemed appropriate for my participant, and to engage any doctor, nurse or an appropriate member of an emergency service and arrange any hospital accommodation as is deemed appropriate for my participant. I agree to reimburse the said Rotary District 9685, Rotary Club, employees, agents and servants of The Blue Gum Lodge on demand, all such expenses associated with the treatment of any accident, injury or illness, including but not restricted to doctors, nurses, hospital fees and transportation.

I agree that any photographs taken at the camp, including those which contain clear and recognisable facial images of my participant, may be used in promotional material for future RYPEN camps, unless otherwise stipulated in writing to the camp director.

I agree that my participant will follow any reasonable directions given to them by the Chairman of RYPEN, designated RYPEN leaders or their assignees, and the staff, agents and employees of Blue Gum Lodge

Signed by Parent/Caregiver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_

An Invitation to Parents and Rotarians

**You are invited to lunch and the presentation of RYPEN certificates and badges on Sunday, 31st May 2020.**

Please indicate below if you will be attending lunch at the close of the RYPEN seminar starting from around 1.30pm. We need to notify the caterers the number of people coming for lunch before the start of the camp, so if notification is not received by **1st May, 2020** there will be no lunch available. You are still welcome to attend at 2.00pm for the presentation ceremony and the distribution of the RYPEN certificates and Badges.

The cost for lunch will be **$15.00** per person and will need to be paid at registration for the camp, on Friday upon arrival, so can you **please** give your participant the correct cash, to make this payment on arrival.

**Please DO NOT include your camp participant here as they are already catered for.**

………………………………………………………………………………………………

**RYPEN Applicants Name ………………………………………………………………..**

**The number of people in my family coming to lunch ( ) …….. People @ $15 per head**

**$................ Cash**

**Are there any Special Dietary requirements for those attending Sunday Lunch(Y/N) If YES Please list ………………………………………………………………………………**

**Please send money with your participant when they attend the camp.**

**DO NOT SEND MONEY WHEN RETURNING THIS ACCEPTANCE.**

**Please return this form to:**

[**winterrypen@gmail.com**](mailto:winterrypen@gmail.com)

Regards

Amanda Barnes

District 9685 Winter RYPEN Director

0410 572 368