# 

# FRIDAY 5th – Sunday 7th September 2025

**Capital Country**

**Bridge Road**

**Sutton NSW**

**FEES: $420 – Sponsored by Club**

**Applications close Friday 15th August 2025 unless filled prior (MAXIMUM 50 SPACES)**

ROTARY INTERNATIONAL DISTRICT 9705 - APPLICATION FORM - RYPEN 2025

Rotary Club Sponsoring this Application

Rotary Club of

Personal Details of Student – PLEASE FILL OUT IN CAPITAL LETTERS

|  |  |
| --- | --- |
| First Name |  |
| Surname |  |
| Date of Birth |  |
| Gender |  |
| Age | Male Female I will contact the Camp Director |
| Student Mobile Number |  |
| Student Email Address |  |
| \* Parent/Guardian Email Address |  |
| \* Parent/Guardian Mobile Number |  |
| \* Medicare Number **(Compulsory)** |  |
| T-Shirt Size **(select)** | Small Med Large XL |
| Street |  |
| Suburb |  |
| State | NSW |
| Post Code |  |
| Transport | Yes/No Area |

|  |  |  |
| --- | --- | --- |
| School Details – PLEASE FILL OUT IN CAPITAL LETTERS | | |
|  | School Name |  |
|  | Suburb |  |
|  | State | NSW |
|  | School Phone Number |  |
|  | School Year |  |

|  |  |
| --- | --- |
| Are you currently taking any prescribed medications?  Do you have an Epinephrine autoinjector (Epipen) on you at all times? | Please select YES / NO  If YES please give details  Please select YES / NO  If YES give details of where it is located |
| Do you have any food allergies?  Do you have any special dietary Requirements? | Please select YES / NO Please Describe  Please Describe if YES |

RYPEN & You – PLEASE FILL OUT IN CAPITAL LETTERS

|  |  |
| --- | --- |
| What are your interests outside school? List any organisations you participate in. (E.g. sport, charities, church, youth group.) |  |
| What field of work are you interested in entering after you have completed school? |  |
| How did you find out about RYPEN? |  |
| Why do you want to be selected to attend RYPEN? |  |
| What do you expect to gain from attending RYPEN? |  |

Applicant & Parent or Guardian Consent & Interview details

|  |  |
| --- | --- |
| Applicant | I understand that I am applying to be considered by my sponsoring Rotary Club and the RYPEN District 9705 Committee to attend the weekend seminar and that I am available for the entire weekend from 4.00pm Friday 5th until 100pm Sunday 7th September 2025. I acknowledge the essential points of the basic **Code of Behaviour: courtesy, common sense and co-operation** and I agree to abide by them. |
|  | Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_ |

|  |  |  |
| --- | --- | --- |
|  | Parent or Guardian |  |
|  | I understand that \_ is applying to be considered by Rotary and RYPEN District 9705 Committee to attend the weekend seminar and that he/she is available for the entire weekend, 4:00pm Friday 5th until 1:00pm Sunday 7th September 2025. I acknowledge the essential points of the basic **Code of Behaviour: courtesy, common sense and co-operation** and I agree to abide by them. |
|  | Signature: Date: \_ |
| Sponsoring Rotary Club | The above applicant has been interviewed  by from the Rotary Club of  on (date) / / 2025  He / she is a suitable applicant (as per guidelines) to recommend for attendance at the RYPEN Seminar.  Signature: Date: \_ Contact Name: Phone Number: Email: Name of Rotary Club Sponsoring Applicant. |
|  | Total Number of Applicants to Sponsor \_ \_ |

Emergency Contact & Photo Declaration – PLEASE FILL OUT IN CAPITAL LETTERS

|  |  |
| --- | --- |
| Parent or Guardian to complete | **EMERGENCY CONTACT**  **Name:**  **Address:**  **Mobile number:**  I authorise the Seminar Director to arrange medical treatment and / or ambulance transport for my child, if in his/her opinion such is necessary. I give my consent for my son / daughter / ward to attend this RYPEN Seminar under the preceding terms, and for my son / daughter / ward to be delivered to and picked up from the camp as organised by Rotary as detailed over page.  Signature: \_ Date: \_ |

|  |  |
| --- | --- |
| Parent or Guardian to complete | **EMERGENCY CONTACT**  **Name:**  **Address:**  **Mobile number:**  I authorise the Seminar Director to arrange medical treatment and / or ambulance transport for my child, if in his/her opinion such is necessary. I give my consent for my son / daughter / ward to attend this RYPEN Seminar under the preceding terms, and for my son / daughter / ward to be delivered to and picked up from the camp as organised by Rotary as detailed over page.  Signature: \_ Date: \_ |

|  |  |
| --- | --- |
| Parent or Guardian to complete | **PHOTOGRAPHY DECLARATION**  **Name:**  **Address:**  **Telephone:**  I give consent for my child to feature in photographs taken at RYPEN (Friday 5th – 7th September 2025) which may be used by the Rotary District 9705 RYPEN committee for promotional purposes in future RYPEN marketing material, local media outlets i.e. newspapers, magazines as authorized by the Rotary District 9705 RYPEN committee. I also understand that many children while at camp will also take photos and may place them on social media outlets including the RYPEN created FACEBOOK page and a group page (separate page created each year).  Signature:  Date: |

MANDATORY – Must be completed by the Rotary Club – either a Rotarian or a parent must transport the participant to and from camp. Please use CAPITAL LETTERS.

|  |  |
| --- | --- |
| Rotarian/Parent to deliver RYPEN participant to camp.  **(4pm Friday 5th September 2025)** | Name:  Mobile Number:  Relationship with Rotary Club / Applicant:  **WORKING WITH CHILDREN CHECK NUMBER (ROTARIAN):**  WWC Date of Birth (Rotarian):  Signature: Date: |
| Rotarian/Parent to pick up RYPEN participant from camp.  **(1pm Sunday 7th September 2025)** | Name:  Mobile Number:  Relationship with Rotary Club / Applicant:  **WORKING WITH CHILDREN CHECK NUMBER (ROTARIAN):**  Date of Birth (Rotarian):  Signature: Date: |
| Sponsoring Rotary Club | Youth Director of this Rotary Club: Name:  Mobile Number: Landline Number: Email Address: |

Please send all application forms, on receiving and processing the applications the Rotary club will be invoiced for **$420.**

# Email applications to: [RYPEN9705@gmail.com](mailto:RYPEN9705@gmail.com)

**Applications close Friday 15th August 2025**, unless all positions are filled.

RYPEN Contacts: **Yvonne Young M: 0418866482**

**Meg Barrell M: 0400553097**

MANDATORY – Must be completed by Parent / Guardian / Ward.

**Rotary D9705 Youth Program of Enrichment**

Parent Permission slip for Transport of RYPEN participant:

I understand that my young person will be transported to and from the RYPEN D9705 weekend, from 4:00pm Friday 5th until 1:00pm Sunday 7th September 2025. I give permission for my child to travel with a Rotarian/ authorised Rotary representative to and from RYPEN D9705.

Name of Rotary Representative: \_

**WORKING WITH CHILDREN CHECK NUMBER (ROTARIAN):**

Name of Sponsoring Club: \_

Location to pick up RYPEN participant (maybe school or home address)

Agreed time:

Parent / Guardian name:

Parent / Guardian Signature:

Contact number:

Date: