



**Rotary District 9465**  
**Rotary Youth Program of Enrichment**  
*'Fun with a Purpose'*

**APPLICATION FORM**  
**Applications Close: 1<sup>st</sup> May 2021**

**CAMP DETAILS**

**Camp Dates:** Friday 14<sup>th</sup> May to Sunday 16<sup>th</sup> May 2021

**Arrival Time:** 4.30pm- 5pm on Friday 14<sup>th</sup>

**Departure Time:** 2pm-2.30pm on Sunday 16<sup>th</sup>

**\*\*NOTE:** the closing ceremony will be at 2pm. Family and friends are welcome to attend.

**Camp Location:** Serpentine Camping Centre, 22 Transit Road, Jarrahdale

If you are or know someone who is 14-17 years of age who is

- Wanting an opportunity to develop and challenge themselves.
- Looking to develop their self-esteem and confidence
- Interested in developing skills including leadership, teamwork, communication, goal setting & problem solving
- Wanting to build a network of young people and to make new friends
- Excited for a weekend of fun

Then we would like to invite you to nominate to attend the Rotary Youth Program of Enrichment. Please complete this application form and return it to our applications coordinator. We will be in touch with you once we receive your application. If at any time you have a question please contact the following:

**RYPEN CHAIR:** Johan Maasdam

**Email:** [rypen@rotary9465.org.au](mailto:rypen@rotary9465.org.au)

**Phone:** 045 035 9095

**APPLICATION PROCESS**

**STEP 1: Download and complete Application Form in BLOCK LETTERS or**

- Send to Applications to RYPEN CHAIR by 1<sup>st</sup> May 2021
- Receive email confirming application has been received
  - Rotary Club- receive acceptance details, invoice and payment information
  - Participant & Guardian- receive acceptance details and packing list.

**STEP 2: Rotary Club to make payment of \$330.** Please write the invoice number on the cheque or include in the payment description if using Electronic Fund Transfer.

**STEP 3: ATTEND CAMP!** 😊



## SECTION 1 - PERSONAL INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name (for name badge): \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: (at time of camp): \_\_\_\_\_ Gender: \_\_\_\_\_

School: \_\_\_\_\_ School Year: \_\_\_\_\_

Residential Address:

\_\_\_\_\_

\_\_\_\_\_ Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Phone Number: Home \_\_\_\_\_ Mobile \_\_\_\_\_

Would you be interested in finding out more about any of the following Rotary Programs you can become involved in? *Please tick all that apply.*

- Rotary Youth Exchange (1 year cultural exchange program)
- Rotary Short Term Exchange Program (4-6 weeks in a cultural exchange)
- Interact and/or Rotaract (Youth rotary clubs)
- RYLA (Rotary Youth Leadership Awards for ages 18-28)

## SECTION 2 - EMERGENCY CONTACT DETAILS

EMERGENCY CONTACT DETAILS DURING THE RYPEN WEEKEND:

### CONTACT 1

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_ Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Contact Phone Number: Home \_\_\_\_\_ Mobile \_\_\_\_\_

Email: \_\_\_\_\_

### CONTACT 2

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_ Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Contact Phone Number: Home \_\_\_\_\_ Mobile \_\_\_\_\_

Email: \_\_\_\_\_

### SECTION 3 – MEDICAL INFORMATION

*This information will be treated confidentially and will only be disclosed to organisers of the camp as required to ensure your safety, health and well-being.*

Please list any special dietary requirements?

- |                                      |                                      |  |  |
|--------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Vegetarian  | <input type="checkbox"/> Vegan       | <input type="checkbox"/> Dairy Allergy   | <input type="checkbox"/> Gluten Allergy  |
| <input type="checkbox"/> Nut Allergy | <input type="checkbox"/> Egg Allergy | <input type="checkbox"/> Seafood Allergy | <input type="checkbox"/> Halal Food Only |

Other (please specify) \_\_\_\_\_

Do you have any existing medical conditions? Please briefly state how they may impact on your ability to participate in the program.

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Are you taking any medication, prescription or otherwise?

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Please state any additional information we may need to know.

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Date of last Tetanus injection: \_\_\_\_\_ Medicare Number: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

Health Insurance Member Number: \_\_\_\_\_

## SECTION 4 - APPLICANT'S AGREEMENT

The following are essential points of the basic Code of Behaviour expected by the Rotary District 9465 RYPEN Committee for the weekend camp. All participants must stay for the complete program (no exceptions).

I hereby make my nomination for a Rotary Youth Program of Enrichment and will be prepared to:

1. Remain within the boundaries of the camp or offsite activity at all times
2. Not use alcohol, cigarettes or non-prescription drugs throughout the duration of the camp.
3. Leave at home or hand over for safekeeping all electronic devices (iPods, phones, gaming devices).
4. Not enter dorms or living spaces of other people without permission. Males may not enter female dorms, nor may females enter male dorms.
5. Participate fully and to the best of my ability in all tasks.
6. Respect any appropriate request from organisers and facilitators.
7. Respect myself and all other participants.
8. Go back to my sponsoring club and present a short talk about RYPEN and your experience. We ask this so that clubs can see where and to what their investment does towards.

I understand that failure to abide by the Code of Behaviour, my parents/carers will be contacted and asked to collect me, regardless of the time.

I have read and understood the above Code of Behaviour and agree to abide by it.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
APPLICANT'S NAME

\_\_\_\_\_  
DATE

## SECTION 5 - GUARDIAN'S CONSENT- Please Tick

- I give consent for the applicant to attend RYPEN and adhere to and follow the code of behaviour outlined above.
- I authorise the RYPEN Chair and / or Committee to arrange medical treatment and/or Ambulance transport for the applicant if such treatment or transport is considered necessary.
- I give consent to the applicant being included in the photographs that are taken during RYPEN. Photographs and video footage is shared with the RYPEN group and may be used by Rotary District 9465 to promote the RYPEN programme.
- I understand that transportation to and from the venue is the responsibility of the parents/carers.
- I release Rotary International District 9465, its officers and employees, agents and volunteers from all liability, howsoever arising, from injury or damage to both property and person howsoever caused (whether fatal or otherwise) arising out of the Participant's participation in the Event whether or not such injury or damage is due to any negligent act, breach of duty, default and/or omission on the part of Rotary, its officers and employees, agents or volunteers.
- I indemnify Rotary International District 9465, its officers and employees, agents and volunteers against all loss, damage and expenses (including legal costs on a solicitor and own client basis) arising out of or in connection with any claims, actions, proceedings or demands of any kind arising directly or indirectly as a consequence of the Participant's participation in the event.

\_\_\_\_\_  
GUARDIAN'S SIGNATURE

\_\_\_\_\_  
GUARDIAN'S NAME

\_\_\_\_\_  
DATE

## SECTION 6 - SPONSORING ROTARY CLUB

**\*\*NOTE: Please ask your sponsoring Rotary club to complete this section. If you are not affiliated with a Rotary club we will put you in touch with one!**

Rotary Club of: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

MEMBER'S SIGNATURE

MEMBER'S NAME

DATE

### GENERAL NOTES FOR ROTARY CLUBS

- Once forms and payment has been received, the applicant and guardian will receive a confirmation email and information about the camp.
- Please keep a copy of the completed application form for your future contact purposes and invite your applicant along to a future meeting to talk about their RYPEN experience.
- Transport to and from RYPEN should be coordinated and confirmed by the sponsoring Rotary Club.
- Please note that as the District Committee must commit to payment to the campsite two weeks prior to the Seminar it is unable to refund late withdrawals or 'no shows'. It is therefore important that clubs select applicants carefully and follow them up to ensure commitment.
- **Rotary Clubs are not able to "switch out" participants. We must have full paperwork by the application closing date for ALL participants.**

### TERMS & CONDITIONS

In the event of a cancellation/non-attendance the following will apply: 75% refund up to 3 weeks from camp commencement, and **no refund within 14 days** of camp commencement.