



**Rotary Western Australia**  
**Rotary Youth Program of Enrichment**  
*'Fun with a Purpose'*

## APPLICATION FORM

**Applications Close: Monday 21<sup>st</sup> April 2025**

### CAMP DETAILS

**Camp Dates:** Friday 2<sup>nd</sup> – Sunday 4<sup>th</sup> May 2025

**Arrival Time:** 4.30pm- 5pm on Friday

**Departure Time:** 2pm-2.30pm on Sunday

**\*\*NOTE:** the closing ceremony will be at 2pm. Family and friends are encouraged 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 your sponsoring club, who will then forward to the RYPEN Chair at [rypen@rotarywa.au](mailto:rypen@rotarywa.au). 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: Roy Philbin**

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

**Phone:** 0418 948 847

### APPLICATION PROCESS

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

- Send to Applications to your sponsoring club, who must forward to the RYPEN CHAIR by the due date (**21<sup>st</sup> April 2025**).
- 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 \$340** by direct deposit (details on the invoice)

**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:** Male Female Unspecified Other

**Preferred Pronouns:** He / Him She / Her They / Them Other: \_\_\_\_\_

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

**Residential Address:**

\_\_\_\_\_

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

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

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

**What community service / volunteering do you do:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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: \_\_\_\_\_

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

### CONTACT 2

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

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

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

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

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.

---

---

---

---

Are you taking any medication, prescription or otherwise?

---

---

Please state any additional information we may need to know.

---

---

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

## **SECTION 4 - APPLICANT'S AGREEMENT**

The following are essential points of the basic Code of Behaviour expected by the Rotary Western Australia 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, vapes, cigarettes or non-prescription drugs throughout the duration of the camp.
3. Leave at home or hand over for safekeeping all electronic devices (phones, tablets, 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 activities.
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 goes 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**

- 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 Western Australia 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 9423 (Rotary Western Australia), 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 9423 (Rotary Western Australia), 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. This section MUST be completed by your Sponsoring Rotary Club before we can accept your application.**

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

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

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

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

\_\_\_\_\_  
**MEMBER'S SIGNATURE**

\_\_\_\_\_  
**MEMBER'S NAME**

\_\_\_\_\_  
**DATE**

## SECTION 7 – IMPORTANT INFORMATION – PLEASE READ

### PARENTS / GUARDIANS

- **You will receive an acknowledgement from the RYPEN Application Coordinator within 1 week of us receiving the form. You must reply to this acknowledgement to let us know you have received it.**
- Participation on RYPEN is **not confirmed** until we have confirmation from a parent or guardian.
- If you have not heard from the RYPEN Application Coordinator within 1 week of submitting this form, please contact the RYPEN chair.

### ROTARY CLUBS

- Once forms and payment has been received, the applicant and guardian will receive a confirmation email and information about the camp.
- **Please contact the applicant and parent / guardian to ensure they have received their confirmation from the RYPEN application coordinator.**
- 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. The RYPEN committee is unable to assist with transportation to and from RYPEN.
- 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.**

### RYPEN Age Requirements

Participants must have turned 14 **before** RYPEN starts.  
Participants must be under 18 for the **entire duration** of RYPEN.

### Participant Cancellation / No-Show

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.