**ROTARY DISTRICT 9790 RYPEN COMMITTEE 2022/2023**

**District Governor: David McPherson C/o 207/65 Channel Road, SHEPPARTON 3630**

# RYPEN 2023

**DEAR ROTARIAN,**

**Please find enclosed the Application and Information Sheets for your student/s. Please provide a contact name and phone number of your liaison Rotarian as requested on the information sheet. Please photocopy as many applications as you need and return them and your cheque by 17th March, 2023 to:**

 **District 9790 RYPEN Committee,**

 **207/65 Channel Road**

 **SHEPPARTON. 3630.**

**for direct debits, please remit to:**

 **District 9790 RYPEN Committee,**

 **Sandhurst Trustees, (a subsidiary of Bendigo Bank):**

 **BSB 633-000, A/c 104400510**

***YOUR COST is $250.00 per STUDENT plus TRANSPORTATION to and FROM the VENUE.***

**\* 2023 VENUE \***

The Kinglake Forest Adventures Camp is at 1419 Yea Road, Kinglake West. The program will commence at 5.00pm on Friday 31st March & conclude at approx. 3.00pm on Sunday 2nd April, 2023.

***The contact Phone No. at Kinglake Forest Adventures Camp is 0357 865 230.***

 **IF YOU REQUIRE ANY ASSISTANCE, Please contact the Chairman on**

**0439 158 274 or Email: watt.malc@gmail.com**

**Yours in Rotary Youth Service,**

**Malcolm S. Watt**

**PP Malcolm S. Watt Esq. PHF**

**Chairman**

**0439 158 274**

**watt.malc@gmail.com**

**RYPEN 2023**

**Kinglake Forest Adventures Camp**

**31st March to 2nd April, 2023**

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**ROTARY DISTRICT 9790 RYPEN COMMITTEE 2022/2023**

**District Governor: David McPherson C/o 207/65 Channel Road, SHEPPARTON 3630**

**ROTARY YOUTH PROGRAM OF ENRICHMENT**

**- A DISTRICT 9790 YOUTH SERVICE PROJECT -**

**Sponsor Rotary Club:**

**Contact Rotarian: Phone/Fax:**

### *STUDENT NOMINATION FORM - 2023 RYPEN SEMINAR*

**STUDENT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**SCHOOL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCHOOL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**PHONE NO. SCHOOL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MOBILE PHONE NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AGE:\_\_\_\_\_\_: MALE/FEMALE DATE OF BIRTH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YEAR LEVEL:\_\_\_\_\_\_\_**

**Email/MSN Address:**

**OTHER INFORMATION:**

**MAIN INTERESTS AT SCHOOL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**MAIN INTERESTS OUTSIDE SCHOOL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**JOBS or POSITIONS HELD:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 **STUDENT'S SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**PRINCIPAL / CO-ORDINATOR'S COMMENTS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**ROTARY DISTRICT 9790 RYPEN COMMITTEE 2022/2023**

**CONFIDENTIAL MEDICAL REPORT FOR 2023 RYPEN SEMINAR**

**STUDENT'S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE:\_\_\_\_\_\_\_\_\_**

**PARENT'S/GUARDIAN NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_POSTCODE:\_\_\_\_\_\_\_\_\_\_\_**

**YOUR RELATIONSHIP TO CHILD: (parent/guardian):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE: HOME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDICARE NO.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AMBULANCE COVER: YES / NO**

**DO YOU HAVE PRIVATE HEALTH INSURANCE: YES / NO**

**l. Is your child presently taking tablets and/or medication? YES / NO**

 **If yes, please state name of medication, dosage, and reasons for administration, etc:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**RE: MEDICATION: PLEASE ADVISE THE SEMINAR DIRECTOR OF MEDICATION THAT IS REQUIRED TO BE ADMINISTERED DURING THE SEMINAR. (This information will be kept Private and Confidential.**

**The Medication may be kept with the student or in the First Aid Centre and distributed as required.)**

**2. Please tick if your child suffers from any of the following:**

**:\_\_\_\_:Asthma :\_\_\_\_:Blackouts :\_\_\_\_:Bladder or Kidney disease :\_\_\_\_:Epilepsy**

**:\_\_\_\_:Hay fever :\_\_\_\_:Heart Condition, :\_\_\_\_:Migraines :\_\_\_\_:Sleepwalking :\_\_\_\_:Travel Sickness**

**:\_\_\_\_:Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Please tick if your child is allergic to any of the following:**

**:\_\_\_\_:Any Foods/Plants:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**:\_\_\_\_:Penicillin :\_\_\_\_:Other Drugs :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**:\_\_\_:Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What special care is recommended? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Page 2/..**

**CONFIDENTIAL MEDICAL REPORT FOR 2023 RYPEN SEMINAR**

**STUDENT'S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE:\_\_\_\_\_\_\_\_\_**

**4. Has your child recently suffered from an illness or operation? YES / NO**

**If yes, please comment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**5. Last TETANUS immunisation was: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If over three years since last immunisation, please ensure that your child has been immunised prior to the camp. Booster Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6. Is this the first time your child has been away from home? YES / NO**

**7. Does your child know anybody else going on the camp? YES / NO**

**8. Is there any other information you wish to share with us about your child?:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

##### CONSENT FORM

**(Please sign this statement which is a requirement for all children to attend the RYPEN seminar.)**

***I HEREBY CONSENT TO MY CHILD;\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO ATTEND THE 2023 RYPEN SEMINAR. IN THE EVENT OF AN ACCIDENT OR ILLNESS, I AUTHORIZE THE LEADER IN CHARGE TO CONSENT, WHERE IT IS IMPRACTICAL TO COMMUNICATE WITH ME, TO MY CHILD RECEIVING SUCH MEDICAL OR SURGICAL TREATMENT AS MAY BE DEEMED NECESSARY.***

 **SIGNED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **PARENT/GUARDIAN**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**Please complete the application forms, sign and return to your local Rotary Club.**

**Thank you for your co-operation. We trust that your Child will have an enjoyable time with us.**

**Malcolm S. Watt**

**Malcolm S. Watt 0439 158 274**

**Chair**

## ROTARY DISTRICT 9790 RYPEN COMMITTEE 2022/2023

**\* ROTARY YOUTH PROGRAM OF ENRICHMENT \***

**- A DISTRICT 9790 YOUTH SERVICE PROJECT -**

**Kinglake Forest Adventures Camp – 31st March to 2nd April, 2023.**

**To all RYPEN Student's selected to attend the 2023 Seminar.**

The Kinglake Forest Adventures Camp is at 1419 Yea Road, Kinglake West 3757.

The program will commence at 5.00pm Friday 31st March & conclude at 3.00pm on Sunday 2nd April, 2023.

**Transport to and from the venue will be supplied/arranged by your sponsor Rotary Club.**

***The contact Phone No. at Kinglake Forest Adventures Camp is 0357 865 230***

**Your Sponsor Rotary Club is:...............................................................................**

**YOUR CLOTHES & EQUIPMENT LIST:**

**ESSENTIALS:**

 **1. Small case or bag for carrying clothes, etc..**

 **2. Sleeping bag or Doona, plus pillow & sleeping gear.**

 **3. Underclothes, Toiletries and Towel.**

 **4. At least two pairs of long jeans/pants. One old set for outdoor activities.**

 **5. At least one warm woollen jumper.**

 **6. A waterproof lightweight jacket or parka.**

 **7. Walking shoes or sandshoes.**

 **8. Sports clothes - tracksuits, shorts and T-shirts.**

 **9. Plastic bag for soiled/dirty clothes.**

 **10. Torch.**

 **11. Sun hat and Sun cream/zinc cream and don't forget the Aerogard.**

 **12. Semi-formal gear for Dinner. (See below).**

**DINNER - SATURDAY EVENING:**

**This is to be a semi-formal occasion where smart dress is required - e.g. Girls - skirt/dress/slacks, Boys - shirt/trousers (tie optional). No jeans or runners to be worn to the semi-formal dinner.**

**OPTIONAL REQUIREMENTS:**

 **Camera, Guitar or other musical instruments, Small amount of cash for stops to and from Home.**

**NOT PERMITTED AT ALL:**

 **Alcohol / Cigarettes / Drugs (except by prescription)**

**SPECIAL NOTE: The nights are likely to be very cold. Please ensure that your Sleeping bag / Doona is adequate or bring an extra blanket and/or tracksuit to sleep in. Days should be mild but you will need a hat. If you require any further information, please call the number below. I look forward to seeing you at the seminar.**

**Cheers, P.S. Your contact Rotarian is:**

 **Name:....................................................**

**Malcolm S. Watt**

**Malcolm S. Watt Phone:...................................................**

**Chair**

 **0439 158 274. email: watt.malc@gmail.com**

**ROTARY DISTRICT 9790 RYPEN COMMITTEE 2022/2023**

**\* RYPEN 2023 \***

**31st March to 2nd April, 2023**

**Kinglake Forest Adventures Camp**

### SAMPLE PROGRAM

**FRIDAY -**

 **5.00 pm Arrive, room allocation and camp familiarization.**

 **6.30 pm Evening meal**

 **7.30 pm Welcome Address \* PP Malcolm S. Watt**

 **7.45 pm Introductory Activities \* Director: Nathan Stuart & Supporters**

 **9.00 pm Supper**

 **9.30 pm Night Activities \* Group Leaders**

 **1l.00 pm Close down.**

**SATURDAY -**

 **6.45 am Wake up Call**

 **7.00 am "Energization"**

 **8.00 am Breakfast**

 **8.30 am Communications - Individuals / Groups \***

 **9.00 am Group Activities: \* Group Leaders**

 **- Problem solving initiatives**

 **10.30 am Morning tea**

 **11.00 am Group Activities continue.... \* Group Leaders**

 **12.30 pm Lunch**

 **l.30 pm Group Activities continue.... \* Group Leaders**

 **3.00 pm Afternoon tea**

 **3.30 pm Relationships / Group Discussions \***

 **4.30pm Preparation for evenings activities \* All involved**

 **6.30 pm Formal Dinner with Guest Speaker \* DG or Nominated Representative**

 **8.00 pm Drama & Social Evening inc Supper \* Groups and Individuals to Perform**

 **11.30 pm Close down.**

**SUNDAY -**

 **6.45 am Wake up Call**

 **7.00 am "Energization"**

 **7.30 am Breakfast**

 **8.00 am Pack Up and Clean Up**

 **8.30 am Trust and Communication Activities \* Group Leaders**

 **9.30 am**

 **10.30 am Values & Future Directions \* Group Leaders**

 **12.30 pm Team Challenge Final \* Nillahcootie Staff**

 **1.00 pm Lunch**

 **l.30 pm Debrief & Evaluation \* Director: Nathan Stuart**

 **2.30 pm Camp Closure and Farewells \* PP Malcolm S. Watt**

 **3.00 pm Departures**

### "Program is subject to change - dependant on the circumstances, prevailing at the time"

**Chair: Malcolm S. Watt 0439 158 274: Director: Nathan Stuart 0412 707 770**

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