



# APPLICATION FORM

## RYPEN (Rotary Youth Program of Enrichment)

**15<sup>th</sup>, 16<sup>th</sup> & 17<sup>th</sup> May 2020**

**The Lakeside Guest House**  
 185 Cams Blvd Rural  
 Summerland Point NSW 2259

This form is to be completed by the applicant, their parent or guardian and sponsoring Rotary Club and returned to the RYPEN committee by mail or email before the application close off date **8<sup>th</sup> May 2020**

**If you have any questions please do not hesitate to contact Zoey Kirwan, Rotary District 9670, RYPEN Chairperson.**

**Mobile: 0410 664 224 Email: ryphen9670@gmail.com**  
**RYPEN COMMITTEE – 896 Paterson Road, Woodville 2321**

APPLICANT INFORMATION			
<b>Applicant Full Name:</b> (This will go on your certificate)			
<b>Preferred Name or Nick Name for your name badge:</b>		<b>School &amp; Year:</b>	
<b>Date of Birth:</b>		<b>Gender:</b>	
<b>Home Address:</b>			
	<b>Postcode:</b>		
<b>Contact details:</b>	<b>Phone:</b>	<b>Mobile:</b>	
	<b>*Applicants Email:</b>		
	<i>*We only send out your acceptance information via email, so please monitor you emails &amp; contact us if you do not receive anything by late April*</i>		
<b>List Hobbies and Recreational Activities:</b>			
<b>Organisations you are involved in:</b>			

## PARENT/GUARDIAN INFORMATION

<b>Parent / Guardian:</b>	<b>Given Names</b>	<b>Family Name</b>
<b>Contact details:</b>	<b>Phone:</b>	
	<b>Mobile:</b>	
	<b>* Parent/Guardian Email:</b>  <span style="color: red;">*We only send out your acceptance information via email, so please monitor you emails &amp; contact us if you do not receive anything by late April*</span>	
<b>Emergency Contact</b>	<input type="checkbox"/> <b>Same as above</b>	<b>Students Medicare No:</b> <input style="width: 100px;" type="text"/>
<b>Other / secondary contact :</b>	<b>Name:</b>	
	<b>Phone No's:</b>	

## MEDICAL INFORMATION

### PARENT / GUARDIAN TO COMPLETE

Does the applicant have any special dietary requirements?	
Does the applicant have any health issues/concerns?	
Include information regarding any prescribed medicines.	
Are there any concerns that the applicant will not be able to participate in any physical activity due to health concerns? Please specify.	
Is there anything the RYPEN team can do to assist/help your child with throughout the weekend?	
Do you give permission for your child to be given Paracetamol and/or Ibuprofen if required?	NONE   Paracetamol ONLY   Ibuprofen ONLY   Both Paracetamol and/or Ibuprofen

## RYPEN CONDITIONS APPLICANT TO TICK AND SIGN

If you are selected to attend a RYPEN experience, you must be willing to abide by the basic Rotary code of behaviour.

**The following are the essential points of the basic code of behaviour expected by Rotary:**

- Female quarters are out of bounds to males at ALL times, and vice versa.
- No alcoholic drinks or drugs of any kind are to be taken to or be consumed.
- Smoking is not permitted at the camp.
- No participant may leave the allocated area at any time.
- Mobile phones MUST be handed in prior to session start for safekeeping, without exception.
- Participants must take responsibility for safe keeping of any valuables.
- Friends of participants who are not enrolled in the weekend may NOT visit during the weekend.
- Attendance at all sessions is compulsory.
- Breaking the above rules may result in the participant's parent/guardian being required to pick them up from the camp before the weekend is complete.

Applicant Signature acknowledging RYPEN Conditions \_\_\_\_\_ Date: / /

## PARENTS / GUARDIANS CONSENT

- I give consent for my son/daughter to attend this RYPEN experience under the terms outlined above
- I authorize RYPEN coordinators to arrange medical treatment and/or Ambulance transport for my child, if needed.
- I consent to images taken of my child participating in RYPEN, and their first name to be utilized by Rotary on official web sites and material as seen necessary by RYPEN coordinators and those working under their direction.

Parent / Guardian signature: \_\_\_\_\_ Date: / /

## SPONSORING ROTARY CLUB TO COMPLETE

Nominating Rotary Club of District 9670:			
<b>Club Contact:</b>			
Phone:		Email:	

**We nominate the person whose name appears on this application form for the RYPEN camp May 2020**

Club President Name: \_\_\_\_\_

Club President Signature: \_\_\_\_\_

Date: \_\_/\_\_/\_\_\_\_

**NOTE: please DO NOT send payment until the application has been approved by the RYPEN Committee. You will then receive an invoice from the District Treasurer.**