



FRIDAY 5 – SUNDAY 7 May 2023

Teen Ranch

**352 Cobbitty Road, Cobbitty, NSW
2570**

FEES: \$350 – Sponsored by Club

Applications close 28th April 2023 unless filled prior (MAXIMUM 40x SPACES)

ROTARY INTERNATIONAL DISTRICT 9675 - APPLICATION FORM - RYPEN 2023

Office Use Only

- ☐ Application complete
- ☐ Cheque received
- ☐ Acceptance letter emailed
- ☐ Acceptance letter acknowledge

Rotary Club Sponsoring this Application

Rotary Club of	
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Personal Details of Student – PLEASE FILL OUT IN THE SPACES PROVIDED

First Name	
Surname	
Date of Birth	
Sex	
Age	
Student Mobile Number and email	
* Parent/Guardian Email Address	
* Parent/Guardian Mobile Number	
* Medicare Number (Compulsory)	
T-Shirt Size (select)	S M L XL

Home Details – PLEASE FILL OUT IN THE SPACES PROVIDED

Street	
Suburb	
State	NSW
Post Code	
Home Phone Number	

School Details – PLEASE FILL OUT IN THE SPACES PROVIDED

School Name	
School Address	
Suburb	
State	NSW
School Phone Number	
School Year	
School Subjects Studied	

School year/grade

Health & Wellbeing – PLEASE FILL OUT IN THE SPACES PROVIDED

Covid-19 Vaccination Status	1 Dose	2nd Dose	Booster	Unvaccinated
Do you have any health issues? Are you taking any prescribed medications?	Please Select Yes / No If yes please give details			
Do you have an Epinephrine autoinjector (EpiPen) on you at all times?	Please Select: Yes No If no please give details where it is located			
Do you have any food allergies?	Please Select: Yes No If yes please give details			
Do you have any special dietary Requirements?	Please Select: Yes No If yes please give details			

RYPEN & You – PLEASE FILL OUT IN THE SPACES PROVIDED

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?	

Rotary & You – PLEASE FILL OUT IN THE SPACES PROVIDED

Have you ever been to a Rotary meeting?	Please select: YES NO
Are you related to a member of Rotary?	Please circle: YES NO If yes, relationship: _____
Do you know the name of the Rotary Club sponsoring you?	Rotary Club of: _____

Applicant	<p>I understand that I am applying to be considered by my sponsoring Rotary Club and the RYPEN District 9675 Committee to attend the weekend seminar and that I am available for the entire weekend from 5:00pm Friday 5th May until 1:00pm Sunday 7th May 2023. I acknowledge the essential points of the basic Code of Behaviour: courtesy, common sense and co-operation and I agree to abide by them.</p> <p>Signature: _____</p> <p>Date: _____</p>
Parent or Guardian	<p>I understand that _____ is applying to be considered by Rotary and RYPEN District 9675 Committee to attend the weekend seminar and that he/she is available for the entire weekend, 5:00pm Friday 5th May until 1:00pm Sunday 7th May 2023, and that I acknowledge the essential points of the basic Code of Behaviour: courtesy, common sense and co-operation and I agree to abide by them.</p> <p>Signature: _____</p> <p>Date: _____</p>
Sponsoring Rotary Club	<p>The above applicant has been interviewed</p> <p>by _____ from the</p> <p>Rotary Club of _____</p> <p>on (date) / / 2022</p> <p>He / she is a suitable applicant (as per guidelines) to recommend for attendance at the RYPEN Seminar.</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Contact Name: _____</p> <p>Phone Number: _____</p> <p>Email: _____</p> <p>Total Number of Applicants to Sponsor</p> <p>Would sponsor more if students available?</p>

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

Parent or Guardian to complete	EMERGENCY CONTACT Name: Address: Home number: 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 5 May - 7 May 2023) which may be used by the Rotary District 9675 RYPEN committee for promotional purposes in future RYPEN marketing material, local media outlets i.e. newspapers, magazines as authorised by the Rotary District 9675 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). I give permission for details to be securely stored as part of a RYPEN Alumni Group Signature: _____ Date: _____

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

<p>Rotarian/Parent to deliver RYPEN participant to camp.</p> <p>(5pm Friday 5 May 2023)</p>	<p>Name: _____</p> <p>Mobile Number: _____</p> <p>Landline number: _____</p> <p>Relationship with Rotary Club / Applicant: _____</p> <p>WORKING WITH CHILDREN CHECK NUMBER (ROTARIAN):</p> <p>WWC _____ Date of Birth (Rotarian): _____</p> <p>Signature: _____</p> <p>Date: _____</p>
<p>Rotarian/Parent to pick up RYPEN participant from camp.</p> <p>(1pm Sunday 7 May 2023) We must leave the site by 3pm.</p>	<p>Name: _____</p> <p>Mobile Number: _____</p> <p>Landline number: _____</p> <p>Relationship with Rotary Club / Applicant: _____</p> <p>WORKING WITH CHILDREN CHECK NUMBER (ROTARIAN):</p> <p>Date of Birth (Rotarian): _____</p> <p>Signature: _____</p> <p>Date: _____</p>
<p>Sponsoring Rotary Club</p>	<p>Youth Director of this Rotary Club:</p> <p>Name: _____</p> <p>Mobile Number: _____</p> <p>Landline Number: _____</p> <p>Email Address: _____</p>

Please email all application forms to: The Registrar

gakmal58@hotmail.com

Payment Details: An invoice for **\$350 will be sent to Club Treasurer on processing of application. Please pay on receipt of the invoice. (*Please note price increase*)**

Applications close 28th April 2023, unless all positions are filled.

RYPEN Contacts: **Gayle Malcolm** (Registrar) gakmal58@hotmail.com M: 0419 611 870
(Send applications to the Registrar)

Mark Tanner (District Chair) mark@tanner.net M: 0418 226 177

Rotary D9675 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 D9675 weekend, from 5:00pm Friday 5 May
until 1:00pm Sunday 5 May 2023. I give permission for my child to travel with a
Rotarian/authorised Rotary representative to and from RYPEN D9675.

Name of Rotary Representative: _____

WORKING WITH CHILDREN CHECK NUMBER (ROTARIAN): _____

Name of Sponsoring Club: _____

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

Agreed time:

Parent / Guardian name: _____

Parent / Guardian Signature: _____

Contact number:

Date:



Individual Waiver and Indemnity

- (1) I understand that recreational activities organised by Teen Ranch may include, but are not limited to, horse riding, canoeing, abseiling, low and high ropes courses, rock climbing, archery, crate climb, giant swing, challenge course, pool games, bush skills, orienteering, bush walks, campfires, wide games, indoor games, initiatives, free time, wet games/giant slide, swimming, sports, craft activities and other similar activities arranged from time to time (**Activities**).
- (2) I acknowledge that the Activities are of their nature inherently dangerous and may result in injury.
- (3) I agree to comply with all rules and warnings made available by Teen Ranch with respect to the Activities and follow any instructions or directions given by any employees, representatives, or agents of Teen Ranch.
- (4) I certify that I (or my child) am physically, mentally, and emotionally fit and have no medical condition that would make participation in the Activities more hazardous. If I am pregnant, disabled in any way or have recently suffered an illness, injury, or impairment, I should have or did consult a physician before participating in the Activities.
- (5) I agree not to consume alcohol prior to the Activities or use any medicines or substances that will inhibit my mental or physical ability to participate in the Activities safely and effectively.
- (6) I understand that Teen Ranch is committed to conducting the Activities in a safe manner and holds the safety of participants in the highest regard and that Teen Ranch attempts to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants safety.
- (7) I am solely responsible for determining if I am (or my child is) physically fit and/or sufficiently skilled for the Activities. I also acknowledge that there are no obligations to participate in or complete the Activities.
- (8) I recognise and acknowledge that there are risks of physical injury to participants in the Activities, and I freely and voluntarily agree to assume the full risk of any and all injuries that I (or my child) may sustain as a result of participation in the Activities.
- (9) If anything is unclear in the briefing, then I (or my child) will raise concerns with the Teen Ranch staff member who is conducting the briefing.
- (10) Except where such a claim arises as a result of the negligent acts or omissions of Teen Ranch, I assume all risks and hazards incidental to such participation in the Activities, and I waive and indemnify Teen Ranch, its officers, employees, agents, and representatives, for any claim arising out of an injury to my child and from any and all claims arising out of or connected with my child's participation in the Activities.
- (11) Except where such a claim arises as a result of the negligent acts or omissions of Teen Ranch, I agree to release, and not make any claim against Teen Ranch arising as a result of, or in connection with, my child's participation in the Activities. I agree to indemnify Teen Ranch, its past and present employees, volunteers, and agents from any and all third-party claims caused in whole or in part by my child's negligent or intentional acts or omissions.
- (12) I consent to medical care and transportation in order to obtain treatment in the event of injury to me (or my child) during the Activities, as Teen Ranch staff members and group leaders may deem appropriate. (I understand that I will be notified as soon as possible if this happens to my child).
- (13) I understand that this document extends to any liability arising out of or in any way connected with the medical treatment and transportation provided in the event of an emergency and/or injury to me (or my child).
- (14) I agree to not amend any part of this document.
- (15) I acknowledge that I have read and fully understood the important information above and agree to the terms of this document.
- (16) MEDIA CONSENT: Photographs and videos may be used, in an un-identified form, as part of future Teen Ranch promotional material and also published on Teen Ranch's website, social media platforms and end-of-camp presentations. Use of such media content is considered a condition of booking. Please notify Teen Ranch administration if you wish to discuss media consent.

Name of Group:

Consent of participant over the Age of 18

FULL NAME: **SIGNATURE:** **DATE:**

Consent of Parent or Guardian for participant under the Age of 18

- (1) I am the parent or guardian of the below named participant (**Minor**).
- (2) I give my approval for the minor's participation in the Activities.

MINOR'S FULL NAME:

PARENT / GUARDIAN NAME: **SIGNATURE:** **DATE:**