

RYPEN

FRIDAY 7 – SUNDAY 9 May 2021

Teen Ranch Cobbitty
352 Cobbitty Road, Cobbitty NSW 2570

FEES: \$325 – Sponsored by Club

Office Use Only

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

Applications close 16 April 2021 unless filled prior (MAXIMUM 30x SPACES)

ROTARY INTERNATIONAL DISTRICT 9675 - APPLICATION FORM - RYPEN 2021

Rotary Club Sponsoring this Application

Rotary Club of	
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Personal Details of Student – PLEASE FILL OUT IN CAPITAL LETTERS

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

Home Details – PLEASE FILL OUT IN CAPITAL LETTERS

Street	
Suburb	
State	NSW
Post Code	
Home Phone Number	

School Details – PLEASE FILL OUT IN CAPITAL LETTERS

School Name	
School Address	
Suburb	
State	NSW
Post Code	
School Phone Number	
School Subjects Studied	
School year/grade	

Health & Wellbeing – PLEASE FILL OUT IN CAPITAL LETTERS

Current Health Issues	
Are you currently taking any prescribed medications?	Please Circle: Yes / No If yes please give details
Do you have an Epinephrine autoinjector (Epipen) on you at all times?	Please Circle: Yes / No If yes please give details where it is located
Do you have any food allergies?	Please Circle: Yes / No If yes please give details
Do you have any special dietary Requirements?	Please Circle: Yes / No If yes please give details

RYPEN & You – PLEASE FILL OUT IN CAPITAL LETTERS

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 CAPITAL LETTERS

Have you ever been to a Rotary meeting?	Please circle: 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 7 May until 2:00pm Sunday 9 May 2021. 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 7 May, until 2:00pm Sunday 9 May 2021, 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 by _____ from the Rotary Club of _____ on (date) / / 2021</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>Name of Rotary Club Sponsoring Applicant. _____</p> <p>Total Number of Applicants to Sponsor _____</p> <p>Would Sponsor more if students available? Yes / No</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 7 May - Sunday 9 May 2021) which may be used by the Rotary District 9675 RYPEN committee for promotional purposes in future RYPEN marketing material, local media outlets eg 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). Signature: _____ Date: _____

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

<p>Rotarian/Parent to deliver RYPEN participant to camp.</p> <p>(5pm Friday 7 May 2021)</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>Rotarian/Parent to pick up RYPEN participant from camp.</p> <p>(1pm Sunday 9 May 2021) We must leave the site by 1pm.</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 send all application forms, together with the cheque **\$325** made payable to Rotary International District 9675 or via EFT to our bank account from the sponsoring Rotary Club.

Please mail all application forms to:

RYPEN 9675 Team
PO Box 241
Dapto NSW 2530

Banking account details:

Account Name: Rotary International District 9675 Incorporated
BSB: 062 200
Account No: 1036 1736
Reference: RYPEN (Club Name) eg RYPEN Parramatta

Applications close 16 April 2021, 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 child _____ (name) will be transported to and from the RYPEN D9675 weekend, from 5:00pm Friday 7 May until 2:00pm Sunday 9 May 2021. 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, abseiling, archery, crate climb, giant swing, challenge course, pool games, bush skills, orienteering, bush walks, campfires, wide games, indoor games, initiatives, free time, 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.
- (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 am physically 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 safely and effectively participate in the Activities.
- (6) I agree that Teen Ranch is not responsible for any personal items or property that is lost, damaged or stolen during the Activities and/or from the campsite generally.
- (7) 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.
- (8) I am solely responsible for determining if I am (or my child is) physically fit and/or sufficiently skilled for the Activities.
- (9) 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.
- (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.

Consent of participant over the Age of 18

FULL NAME: **SIGNATURE:**

Consent of Parent of 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:**