RYPEN 2015

RYPEN stands for the Rotary Youth Program of ENrichment, which is a residential camp where participants aged 14 -17 will be involved in a variety of workshops, activities and games. Each of these sessions provides you with an opportunity for self-development, to challenge yourself, increase your confidence and self-esteem, build trust and build friendships with other people who think like you.

We also provide the opportunity for you to learn and build your skills in areas such as:

- leadership;
- working in a team;
- communication;
- goal setting;
- exploring your values; and
- contributing to the community

**Date:** September 11 – September 13

**Arrival Time:** 4:00 – 5:00pm, September 11

**Pick Up Time:** 2:30pm – 3:00pm, September 13

The closing ceremony will be held at 2:00pm and parents are welcome to attend.

**Camp Address:** Serpentine Camping Centre, 22 Transit Road, Jarrahdale

**Applications:** Please make sure all sections of this form are completed and returned by your sponsoring Rotary Club to:

RYPEN 2015
PO BOX 817
South Perth 6951
WA

OR scanned and sent to:

Rypen9465@gmail.com

Please Direct all queries to Roy Philbin on 0418 948 847 or rypen@rotary9465.org.au

**Applications Close:** 30th August 2015
SECTION 1 – APPLICANT DETAILS

FAMILY NAME: ________________________________________________

GIVEN NAMES: _______________________________________________

PREFERRED NAME: ________  DOB: ____/____/______  SEX: M / F

HOME ADDRESS:
__________________________________________________________
_____________________________________________________________ POSTCODE: _______

HOME PHONE: ______________________ MOBILE: _____________________

EMAIL ADDRESS: _____________________________________________

SCHOOL: _____________________________________________________

LIST SPORTS, HOBBIES OR INTERESTS:
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
SECTION 2 – APPLICANT AGREEMENT

The following are essential points of the basic Code of Behaviour expected by the Rotary District 9465 RYPEN Committee for the weekend camp. All participants must stay for the complete program (no exceptions).

1. Except during organised discussion groups, female quarters are out of bounds to all males, and male quarters to all females.
2. Only participants enrolled in RYPEN are permitted on the campsite.
3. No participant is permitted to leave the campsite without the written consent of the Camp Coordinator.
4. No alcohol, cigarettes or non-prescription drugs are permitted during the period of the RYPEN experience.
5. To fully appreciate RYPEN, it is highly preferred that all iPods, iPads, laptops or mobile phones are left at home; therefore, we strongly encourage you to refrain from bringing them along. If you do bring one, we will keep it secure for the duration of the camp and return it to you at the end.
6. Lights are to be left off in the dormitories after the specified lights out time.
7. Each person must attend each meal, and be on time.
8. Attendance at all sessions is compulsory.

I understand that after attending RYPEN, it is my responsibility to provide a report back to the sponsoring Rotary Club on my experience. This is to be negotiated with the club on how and when this will take place.

I understand that failure to abide by the Code of Behaviour, my parents/carers will be have 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.

NAME OF APPLICANT:__________________________________________________

SIGNATURE OF APPLICANT: __________________________________________

DATE:_____/_____/_____
SECTION 3 - HEALTH

LIST ANY ALLERGIES: (drug related, food or environmental)

__________________________________________________________

__________________________________________________________

__________________________________________________________

LIST ANY DIETRY REQUIREMENTS: (e.g. vegetarian, gluten free)

__________________________________________________________

LIST ANY MEDICAL, PHYSICAL OR PSYCHOLOGICAL CONDITIONS: (e.g. asthma, diabetes, epilepsy)

__________________________________________________________

LIST ANY MEDICATION BEING TAKEN:

__________________________________________________________

__________________________________________________________

(Please sign in medication on arrival at camp)

PHYSICAL ACTIVITIES:
Attendance at RYPEN will involve physical activities including running, hiking, climbing, ball sports, etc. Are you able to participate fully in all such activities? YES / NO

If No, please advise details: __________________________________________

__________________________________________________________

MEDICARE NUMBER: __________________________ NUMBER ON CARD: _____

PRIVATE HEALTH FUND NAME: ________________ NUMBER: _____________
SECTION 4 – EMERGENCY CONTACT

EMERGENCY CONTACT DETAILS DURING THE RYPEN WEEKEND:

CONTACT 1:
NAME: _____________________________________________
RELATIONSHIP TO THE APPLICANT: __________________________
ADDRESS: ___________________________________________________
POSTCODE: ______
HOME PHONE: ________ MOBILE: ________ WORK: _________
EMAIL ADDRESS: _______________________________________________

CONTACT 2:
NAME: _____________________________________________
RELATIONSHIP TO THE APPLICANT: __________________________
ADDRESS: ___________________________________________________
POSTCODE: ______
HOME PHONE: ________ MOBILE: ________ WORK: _________
EMAIL ADDRESS: _______________________________________________
SECTION 5 – PARENT / GUARDIAN CONSENT

PARENT/CARER CONSENT - Please tick

☐ I give consent for the applicant to attend RYPEN and adhere to and follow the code of behaviour outlined above.

☐ I authorise the RYPEN Camp Leader/committee to arrange medical treatment and/or Ambulance transport for the applicant if such treatment or transport is considered necessary.

☐ I give consent / do not 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 District 9465 to promote the RYPEN programme.

☐ I understand that transportation to and from the venue is the responsibility of the parents/carers.

☐ I confirm the above information to be accurate and complete, and I hereby absolutely release and discharge District 9465 RYPEN 2015, Rotary District 9465 or Rotary International and all its employees, agents and voluntary helpers from and against all claims whatsoever arising out of death, personal injury or loss or damage to personal property that the applicant may suffer or sustain in the course of the camp period.

NAME OF PARENT/CARER:

____________________________________________________

SIGNATURE OF PARENT/CARER:

____________________________________________________

DATE: _____/_____/_____  

Confirmation of acceptance to successful applicants and further details will be emailed or mailed to the participants after the applicant has been approved by their local Rotary Club, the District Committee and the sponsorship fee has been paid by the Rotary Club.
SECTION 6 – SPONSORING ROTARY CLUB DETAILS
(To be completed by the Sponsoring Rotary Club)

SPONSORING ROTARY CLUB: ________________________________

CLUB CONTACT - NAME: _______________________________________

ADDRESS: _____________________________________________________

_________________________________________ POSTCODE: __________

HOME PHONE: _______________ WORK PHONE: ____________________

MOBILE: ______________________

EMAIL ADDRESS: ______________________________________________

Payment Details:

☐ Paying by Cheque
   A $285.00 payment must be included with this application form. Please make
   cheques out to RYPEN 9465.

☐ Paying by Electronic Funds Transfer
   Bank: ________ Westpac
   Name: Rotary District 9465 RYPEN
   BSB: ________ 036 031
   Account Number: 252 969
   Reference: Please include the Sponsoring club name in the reference field

General Notes for Rotary Club

• Once forms and payment has been received, the applicant and carer will
  receive a confirmation letter and information about the camp.
• 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.
• 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 follows them up to ensure commitment.