



Rotary District 9465

Rotary Youth Program of Enrichment 2017

'Fun with a Purpose'

APPLICATION FORM

Applications Close: 5th September 2017

CAMP DETAILS

Camp Dates: Friday 15th September to Sunday 17th of September, 2017.

Arrival Time: 4.30pm- 5pm on Friday 15th

Departure Time: 2pm-2.30pm on Sunday 17th

****NOTE:** the closing ceremony will be at 2pm. Family and friends are welcome to attend.

Camp Location: Serpentine Camping Centre, 22 Transit Road, Jarrahdale

If you are or know someone who is 14-17 years of age who is

- Wanting an opportunity to develop and challenge themselves.
- Looking to develop their self-esteem and confidence
- Interested in developing skills including leadership, teamwork, communication, goal setting & problem solving
- Wanting to build a network of young people and to make new friends
- Excited for a weekend of fun

Then we are thrilled to invite you to nominate to attend the Rotary Youth Program of Enrichment. Please complete this application form and return it to our applications co-ordinator. We will be in touch with you once we receive your application. If at any time you have a question please contact the following:

RYPEN CHAIR: LORRAINE HORSLEY

Email: rypen@rotary9465.org.au

Phone: 0419 959 206

Postal Address: PO BOX 112, COMO WA 6952

APPLICATION PROCESS

STEP 1: Download and complete Application Form in BLOCK LETTERS or

- Send to Applications to RYPEN CHAIR by 5th September 2017
- Receive email confirming application has been received
 - Rotary Club- receive acceptance details, invoice and payment information
 - Participant & Guardian- receive acceptance details and packing list.

STEP 2: Rotary Club to make payment of \$300. Please write the INVOICE

NUMBER/PARTICIPANT NAME on the cheque or include in the payment description if using Electronic Fund Transfer.

STEP 3: ATTEND CAMP! ☺



SECTION 1 - PERSONAL INFORMATION - MUST USE BLOCK LETTERS

First Name: _____ Last Name: _____

Preferred Name (for name badge): _____

Birth Date: ____ / ____ / ____ Age: (at time of camp): _____ Gender: _____

School: _____ School Year: _____

Residential Address:

_____ Suburb: _____ Post Code: _____

Postal Address (if different from above):

_____ Suburb: _____ Post Code: _____

Email Address: _____

Contact Phone Number: Home _____ Mobile _____

Would you be interested in find out more about any of the following Rotary Programs you can become involved in? *Please tick all that apply.*

- Rotary Youth Exchange (1 year cultural exchange program)
- Rotary Short Term Exchange Program (4-6 weeks in a cultural exchange)
- Interact and/or Rotaract (Youth rotary clubs)
- RYLA (Rotary Youth Leadership Awards for ages 18-26)
- RYDA (Rotary Youth Driver Awareness)

SECTION 2 - EMERGENCY CONTACT DETAILS – MUST USE BLOCK LETTERS

EMERGENCY CONTACT DETAILS DURING THE RYPEN WEEKEND:

CONTACT 1

Contact Name: _____ Relationship: _____

Residential Address: _____

_____ Suburb: _____ Post Code: _____

Contact Phone Number: Home _____ Mobile _____

Email: _____

CONTACT 2

Contact Name: _____ Relationship: _____

Residential Address: _____

_____ Suburb: _____ Post Code: _____

Contact Phone Number: Home _____ Mobile _____

Email: _____

SECTION 3 – MEDICAL INFORMATION – MUST USE BLOCK LETTERS

This information will be treated confidentially and will only be disclosed to organisers of the camp as required to ensure your safety, health and well-being.

Please list any special dietary requirements?

Do you have any existing medical conditions? Please briefly state how they may impact on your ability to participate in the program.

Are you taking any medication, prescription or otherwise?

Please state any additional information we may need to know.

Date of last Tetanus injection: _____ Medicare Number: _____

Health Insurance Provider: _____

Health Insurance Member Number: _____

SECTION 4 - APPLICANT'S 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).

I hereby make my nomination for a Rotary Youth Program of Enrichment and will be prepared to:

1. Remain within the boundaries of the camp or offsite activity at all times
2. Not use alcohol, cigarettes or non-prescription drugs throughout the duration of the camp.
3. Leave at home or hand over for safe keeping all electronic devices (iPods, phones, gaming devices).
4. Not enter dorms or living spaces of other people without permission. Males may not enter female dorms, nor may females enter male dorms.
5. Participate fully and to the best of my ability in all tasks.
6. Respect any appropriate request from organisers and facilitators.
7. Respect myself and all other participants.
8. Go back to my sponsoring club and present a short talk about RYPEN and your experience. We ask this so that clubs can see where and to what their investment does towards.

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.

APPLICANT'S SIGNATURE

APPLICANT'S NAME

DATE

SECTION 5 – GUARDIAN'S 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.

GUARDIAN'S SIGNATURE

GUARDIAN'S NAME

DATE

SECTION 6 - SPONSORING ROTARY CLUB – MUST USE BLOCK LETTERS

****NOTE: If you are not affiliated with a Rotary club we will find one for you!**

Rotary Club of: _____

Contact Person: _____

Contact Phone Number: _____

Contact Email: _____

MEMBER'S SIGNATURE

MEMBER'S NAME

DATE

GENERAL NOTES FOR ROTARY CLUBS

- Once forms and payment has been received, the applicant and guardian will receive a confirmation email 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.
- **Rotary Clubs are not able to "switch out" participants. We must have full paperwork by the application closing date for ALL participants.**

TERMS & CONDITIONS

In the event of a cancellation/non-attendance the following will apply: 75% refund up to 3 week from camp commencement, and **no refund within 14 days** of camp commencement.