RYPEN

FRIDAY 17 – SUNDAY 19 May 2024

Teen Ranch Cobbitty
352 Cobbitty Road,
Cobbitty NSW 2570

FEES: $360 – Sponsored by Club

Applications close 13th May 2024 unless filled prior (MAXIMUM 40x SPACES)

ROTARY INTERNATIONAL DISTRICT 9675 - APPLICATION FORM - RYPEN 2024

Rotary Club Sponsoring this Application

Rotary Club of	

Personal Details of Student – PLEASE FILL OUT IN CAPITAL LETTERS

First Name	
Surname	
Date of Birth	
Sex	
Age	
Student Mobile Number	
Student Email Address	
* Parent/Guardian Email Address	
* Parent/Guardian Mobile Number	
* Medicare Number **(Compulsory)**	
T-Shirt Size **(select)**	
Street	
Suburb	
State	NSW
Post Code	

School Details – PLEASE FILL OUT IN CAPITAL LETTERS

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

Are you currently taking any prescribed medications? Do you have an Epinephrine autoinjector (Epipen) on you at all times?	Yes/ No If yes, please give details Yes / No / Not applicable
Do you have any food allergies? Or any special dietary requirements? E.g. vegan	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 select: YES NO
Are you related to a member of Rotary?	Please circle: YES If yes, relationship?
Do you know the name of the Rotary Club sponsoring you?	Rotary Club of: _____

Applicant & Parent or Guardian Consent & Interview details

Applicant	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 17th May until 2:00pm Sunday 19th May 2024. I acknowledge the essential points of the basic **Code of Behaviour: courtesy, common sense and co-operation** and I agree to abide by them. Signature:_____ Date:_____
Parent or Guardian	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 17th May until 2:00pm Sunday 19th May 2024. I acknowledge the essential points of the basic **Code of Behaviour: courtesy, common sense and co-operation** and I agree babide by them. Signature:_____ Date:_____
Sponsoring Rotary Club	The above applicant has been interviewed by_____from the Rotary Club of _____ on (date) / / 2024 He / she is a suitable applicant (as per guidelines) to recommend for attendance at the RYPEN Seminar. Signature:_____ Date:_____ Contact Name: _____ Phone Number: _____ Email:_____ Name of Rotary Club Sponsoring Applicant. _____ Total Number of Applicants to Sponsor _____

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

Parent or Guardian to complete	**EMERGENCY CONTACT** **Name:** **Address:** **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 17 May- 19 May 2024) 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 authorized 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.

Rotarian/Parent to deliver RYPEN participant to camp. **(5pm Friday 17th May 2024)**	Name: Mobile Number: Relationship with Rotary Club / Applicant: **WORKING WITH CHILDREN CHECK NUMBER (ROTARIAN):** WWC Date of Birth (Rotarian): Signature:_____ Date: _____
Rotarian/Parent to pick up RYPEN participant from camp. **(1pm Sunday 19th May 2024)**	Name: Mobile Number: Relationship with Rotary Club / Applicant: **WORKING WITH CHILDREN CHECK NUMBER (ROTARIAN):** Date of Birth (Rotarian): Signature:_____ Date: _____
Sponsoring Rotary Club	Youth Director of this Rotary Club: Name: Mobile Number: Landline Number: Email Address:

Please send all application forms, on receiving and processing the applications the Rotary club will be invoiced for **$360.**

Please mail all application forms to: **RYPEN 9675 Team**
PO Box 451
Dapto NSW 2530

or email to Gakmal58@hotmail.com

Applications close 13 May 2024, unless all positions are filled.

RYPEN Contacts: **Gayle Malcolm (Chair)** **gakmal58@hotmail.com** **M: 0419 611 870**

MANDATORY – Must be completed by Parent / Guardian / Ward.

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 17 May until 2:00pm Sunday 19th May 2024. 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: