

ROTARY DISTRICT 9620
ROTARY YOUTH PROGRAM OF ENRICHMENT (RYPEN)

Build Resilience, Communication, Teamwork, Responsibility of Self, Habit Formation, Community Advocacy, Personal Values and Mindfulness Skills for participants aged 14-16.

DATE: 13 – 15 October 2023

VENUE: Luther Heights Youth Camp - 1592 David Low Way, Coolum Beach

CLOSING DATE: 30 September 2023

This form is to be completed by the applicant, their parent/guardian/carer and sponsors
and emailed to rypen@rotary9620.org

If you have any questions, please email rypen@rotary9620.org

Applications are not considered unless all details are completed in **legible** writing. This information is essential for safety & wellbeing, and for emergency situations. It will help us to help you!

PLEASE COMPLETE THIS FORM USING PRINTED BLOCK LETTERS

ABOUT YOU						
Name of Applicant	Given Names				Surname	
	Preferred Name			Male	Female	Non-Binary
School and Year Level	School				Year level	
Date of Birth and current age	DOB	Age at 13 October 2023 Years: Months:				
Home Address						
Applicant Phone/Mobile						
Applicant Email						
Special dietary requirements	Vegetarian	Vegan	Coeliac	Other Food Allergies		
Fitness Level	Very Fit		Moderate		Low	
Medicare Details	Card Number (including reference no.)				Expiry Date	

Private Health Insurance Details	Fund Name	
	Card Number (including reference no.)	Expiry Date
How did you find out about RYPEN?		
Contact details of the Rotarian/teacher who referred you to attend RYPEN		
What do you hope to get out of attending RYPEN?		

MEDICAL CONDITIONS			
Does the Applicant have any known allergies?		Yes	No
If yes, if an Epi-pen Required?		Yes	No
If an Epi-Pen is required, how many epi-pens will the Applicant bring to the camp?		Qty	
Details of allergy:			
Does the Applicant have Asthma?		Yes	No
If yes, is the Asthma		Chronic	Acute
Is the Applicant's tetanus cover up to date?		Yes	No
Is the Applicant currently taking any prescribed medication?		Yes	No
Medication Information Please provide any details related to this medication which would need to be disclosed to a medical professional in a medical emergency	e.g Name of Medication/Dosage:		
The RYPEN team cannot take responsibility for administering medication to participants. Are you confident that the Applicant can self-medicate for the duration of the Program?		Yes	No
Does the Applicant have any Disabilities, Medical Conditions or Phobias? For Example - Diabetes, Epilepsy, Impaired Vision, Impaired Hearing, High Blood Pressure, Heart Condition, Infectious Disease, Black Outs, Fainting, Dizzy Spells, Migraines or Sleep Walking.		Yes	No
If yes, please specify:			
Please provide any further details we need to be aware of:		e.g Current Symptoms/Behaviors/Treatment Plans:	

Does the applicant have any history of Emotional or Behavioral Disorders? For Example - Depression, Autism, ADD or ADHD.		Yes	No
If yes, please specify:			
Please provide any further details we need to be aware of:	e.g Current Symptoms/Behaviors/Treatment Plans:		
How can we support the Applicant with any health issues or concerns disclosed?			
Is there anything else the RYPEN team needs to be aware of?			

SPONSOR INFORMATION		
To be completed by the sponsor.		
Are you sponsoring the applicant via a Rotary Club or Private Sponsorship?	Rotary Club	Private Sponsorship
	Rotary Club:	Company/Individual Name:
	Name of RYPEN Contact:	Name of RYPEN Contact:
	Club Position Held:	Company Position Held:
Sponsor Representative Contact Details	Mobile:	
	Email:	
Email for invoicing		
Sponsor Signature	Signature	Date

RYPEN BILLING & PAYMENT	
Invoice will be sent on receipt of application form. Application is not accepted until payment is received	
CLOSING DATE: 30 September 2023	
Cost per student participant	\$375
Payment Method	Direct Deposit to District 9620 account Account Name: RI District 9620 Ltd BSB 633-000 A/C No. 183 867 498 Reference: RYPEN and Surname of Applicant Scan and Email the Direct Deposit receipt and the Application Form to: rypen@rotary9620.org

Important Information to consider in submitting your Application:

TRAVEL TO AND FROM THE RYPEN CAMP

Transport to and from the RYPEN program will be facilitated where possible by bus! It is intended that every participant will use the transport provided to and from camp. Information on our bus route is below:

AMPOL/Caltex, Goodna; QSAC Kessels Road, Nathan; Centenary Aquatic Centre, Spring Hill; Chermside Markets, Chermside, BP Truck Stop (North Bound, Bruce Hwy at Caboolture), Eumundi Tennis Club; Coolumb Beach

Full details for bus connection and times will be made available when your application has been accepted.

RYPEN INSURANCE

"Rotary Youth Program of Enrichment (RYPEN) is an approved Rotary District 9620 event, therefore qualifies for the insurance covers available under the Rotary District 9620 Annual Insurance policy,"

MEDICATION

Please note that you are required to bring any necessary medication along to the camp with you, and ensure your supply is enough to last the weekend.

PLEASE NOTE: The RYPEN Team cannot administer paracetamol, ibuprofen, antihistamine or cold and flu medication.

RYPEN CONDITIONS - APPLICANT CONSENT

Please read and sign giving your consent

If you are selected to attend the RYPEN experience, you must be willing to abide by the basic Rotary code of behaviour. The following are the essential points of the basic code of behaviour expected by Rotary.

As a RYPEN participant I agree to abide by the following:

- ☐ Female quarters are out of bounds to males at all times.
- ☐ Male quarters are out of bounds to females at all times.
- ☐ Abide by all directions as required under the COVID Safe requirements.
- ☐ No alcoholic drinks are to be taken to or consumed at the RYPEN camp.
- ☐ No illicit drugs are to be taken to or consumed at the RYPEN camp.
- ☐ Smoking is not permitted at the RYPEN camp.
- ☐ No RYPEN camp participant may leave the designated premises at any time.
- ☐ Mobile phones are not to be used during RYPEN sessions. Anyone found to be using a mobile phone during the RYPEN sessions may have it confiscated for the remainder of the weekend.
- ☐ Participants must take responsibility for all personal valuable items throughout the RYPEN camp.
- ☐ Unregistered friends of RYPEN camp participants are not allowed on the premises.
- ☐ Attendance at all RYPEN camp sessions is compulsory.

We feel it important to flag with you, prior to submitting your application, that our RYPEN leadership team are all volunteers. We are committed to creating the best possible experience for you and have invested many hours in order to do so. We are not your parents/guardians, but we do have a duty of care for you for the duration of the RYPEN program. We ask that you come prepared to respect our leaders, their time and our program and in return, we'll treat you like the young adults you're becoming. If you wouldn't do it at a school camp in front of a teacher, RYPEN isn't the place for it!

RYPEN CONDITIONS - PARENT/GUARDIAN CONSENT

PARENT/GUARDIAN/CARER INFORMATION				
Name of Parent/Guardian/Carer	Surname		Given Name	
Relationship to Applicant	Parent	Guardian	Carer	Other
Preferred Contact Details	Mobile		Email	
Alternative Emergency Contact	Full name		Mobile	

This RYPEN camp is conducted and supervised by Leaders and Rotarians who live-in with the participants. Strict rules will be enforced to ensure the safety and well-being of each participant.

If the above RYPEN conditions are not followed, a parent/guardian will be called and the participant may need to leave the camp before its conclusion.

I, _____ consent for my child to attend the RYPEN camp under the conditions outlined above and in the "Applicant Consent". I also give permission for the Program Leaders to look after any prescribed medications, however I understand administration of any medicines remains the responsibility of the Applicant.

We need your approval to seek medical assistance should an emergency occur.

I, _____ give the RYPEN Chairperson permission to arrange ambulance transport or medical attention for my son/daughter, if considered necessary. I expect to be notified as soon as possible. I agree to the provided medical information provided being made available if the circumstances warrant.

Signatures Acknowledging the RYPEN Conditions:

Applicant Signature	_____	Parent/Guardian signature:	_____
Applicant Name	_____	Parent/Guardian Name:	_____
Date	_____ / ____ /2023	Date	_____ / ____ /2023

PLEASE NOTE - All applications are subject to approval by RYPEN planning personnel.