

# RYPEN

**FRIDAY 3<sup>rd</sup> – SUNDAY 5<sup>th</sup> April 2020**  
**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 20<sup>th</sup> March 2020 unless filled prior (MAXIMUM 40x SPACES)**

ROTARY INTERNATIONAL DISTRICT 9675 - APPLICATION FORM - RYPEN 2020

**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 ( <b>Compulsory</b> )	
T-Shirt Size ( <b>circle</b> )	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 & Parent or Guardian Consent & Interview details

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 3<sup>rd</sup> April until 2:00pm Sunday 5<sup>th</sup> April, 2020. I acknowledge the essential points of the basic Code of Behaviour expected by Rotary, 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 3<sup>rd</sup> April, until 2:00pm Sunday 5<sup>th</sup> April, 2020, and that I acknowledge the essential points of the basic Code of Behaviour expected by Rotary, and agree that he/she will abide by them.</p> <p>Signature: _____</p> <p>Date: _____</p>
Sponsoring Rotary Club	<p>The above applicant has been interviewed</p> <p>by _____ from the</p> <p>Rotary Club of _____</p> <p>on (date)     /     / 2020</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>_____</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**

<p>Parent or Guardian to complete</p>	<p><b>EMERGENCY CONTACT</b></p> <p><b>Name:</b></p> <p><b>Address:</b></p> <p><b>Home number:</b></p> <p><b>Mobile number:</b></p> <p>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.</p> <p>Signature: _____</p> <p>Date: _____</p>
<p>Parent or Guardian to complete</p>	<p><b>PHOTOGRAPHY DECLARATION</b></p> <p><b>Name:</b></p> <p><b>Address:</b></p> <p><b>Telephone:</b></p> <p>I give consent for my child to feature in photographs taken at RYPEN (Friday 3<sup>rd</sup> April - Sunday 5<sup>th</sup> April, 2020) 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 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).</p> <p>Signature: _____</p> <p>Date: _____</p>

**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 RYPENian to camp.</p> <p><b>(5pm Friday 3<sup>rd</sup> April 2020)</b></p>	<p>Name:</p> <p>Mobile Number:</p> <p>Landline number:</p> <p>Relationship with Rotary Club / Applicant:</p> <p><b>WORKING WITH CHILDREN CHECK NUMBER (ROTARIAN):</b></p> <p>Date of Birth (Rotarian):</p> <p>Signature: _____</p> <p>Date: _____</p>
<p>Rotarian/Parent to pick up RYPENian from camp.</p> <p><b>(1pm Sunday 5<sup>th</sup> April 2020)</b> <b>We must leave the site by 1pm.</b></p>	<p>Name:</p> <p>Mobile Number:</p> <p>Landline number:</p> <p>Relationship with Rotary Club / Applicant:</p> <p><b>WORKING WITH CHILDREN CHECK NUMBER (ROTARIAN):</b></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:  
Bank Account Details:**

**RYPEN 9675 Team  
PO BOX 987  
ST MARYS NSW 1790**

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

**Applications close 20<sup>th</sup> March 2020**, unless all positions are filled.

RYPEN Contacts: **Mark Tanner (District Chair) mark@tanner.net M: 0418 226 177**  
**Cheryl Deguara (Registrar) cdd@maxi.net.au M: 0419 465 962**  
**(Send applications to the Registrar)**

**Rotary D9675 Youth Program of Enrichment**

Parent Permission slip for Transport of RYPENian

I understand that my child \_\_\_\_\_ (name) will be transported to and from the RYPEN D9675 weekend, from 5:00pm Friday 3<sup>rd</sup> April, until 2:00pm Sunday 5<sup>th</sup> April, 2020.. 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 RYPENian, (may be school or home address)

Agreed time:

Parent / Guardian name: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

Contact number:

Date: