



APPLICATION FORM

RYPEN (Rotary Youth Program of Enrichment)

26th, 27th & 28th of April, 2013
Myuna Bay

This form is to be completed by the applicant, their parent or guardian and sponsoring Rotary Club and returned to the RYPEN committee by mail or email before the application close off date **21st April 2013**.

If you have any questions please do not hesitate to contact **Duncan Burck, Rotary District 9670, RYPEN Committee Chair.**

Ph: 02 4942 6679 Mobile: 0417 312 768 Email: rypen@rotary9670.org.au

RYPEN COMMITTEE - PO BOX 5012, Kahibah, NSW 2290

APPLICANT & PARENT / GUARDIAN TO COMPLETE THIS SECTION					
Applicant:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Family Name</td> <td style="width: 50%; border: none;">Given Names</td> </tr> </table>			Family Name	Given Names
Family Name	Given Names				
Preferred Name:		Gender:			
Date of Birth:		School & year:			
Home Address:					
	Postcode:				
Contact details:	Phone:	Mobile:			
	Email:				
List Hobbies and Recreational Activities:					
Organisations:					
Parent / Guardian:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Family Name</td> <td style="width: 50%; border: none;">Given Names</td> </tr> </table>			Family Name	Given Names
Family Name	Given Names				
Contact details:	Phone:				
	Mobile:				
	Email:				
Emergency Contact	<input type="checkbox"/> Same as above	Students Medicare #:			
Other / secondary contact :	Name:				
	Phone #'s:				

APPLICANT & PARENT / GUARDIAN TO COMPLETE THIS SECTION	
Does the applicant have any health issues or special diet requirements?	
Include information regarding any prescribes medicines.	

RYPEN CONDITIONS
<p>If you are selected to attend a RYPEN experience, you must be willing to abide by the basic Rotary code of behaviour.</p> <p>The following are the essential points of the basic code of behaviour expected by Rotary:</p> <ul style="list-style-type: none"> • Female quarters are out of bounds to males at ALL times, and vice versa. • No alcoholic drinks or drugs of any kind are to be taken to or be consumed. • Smoking is not permitted at the camp. • No participant may leave the allocated area at any time. • Mobile phones must be handed in prior to session start for safekeeping , without exception. • Participants must take responsibility for safe keeping of any valuables. • Friends of participants who are not enrolled in the weekend may NOT visit during the weekend. • Attendance at all sessions is compulsory. • Breaking the above rules may result in the participant's parent/guardian being required to pick them up from the camp before the weekend is complete. <p>Applicant Signature acknowledging RYPEN Conditions _____ Date: / /</p>

PARENTS / GUARDIANS CONSENT
<ul style="list-style-type: none"> • I give consent for my son/daughter to attend this RYPEN experience under the terms outlined above • I authorize RYPEN coordinators to arrange medical treatment and/or Ambulance transport for my child, if needed. • I consent to images taken of my child participating in RYPEN, and their first name to be utilized by Rotary on official web sites and material as seen necessary by RYPEN coordinators and those working under their direction. <p style="text-align: right;">Parent / Guardian signature: _____ Date: / /</p>

SPONSORING ROTARY CLUB TO COMPLETE			
Nominating Rotary Club of District 9670:			
Club Contact for RYPEN Committee:			
Phone:		Email:	
We nominate the person whose name appears on this application form for the RYPEN camp April 2013			
Club President Signature: _____ Date: / /			