



District 9465
Rotary Youth Program of Enrichment (RYPEN)
AUGUST 2011

Weekend Seminar
Friday to Sunday
August 26 – 28 2011

Page 3 to be retained by Parents/Guardians
Pages 4 and 5 to be completed by Applicant and Parent/Guardian
and submitted to local Rotary Club

Confirmation of acceptance to successful applicants and further details will be emailed or mailed to the participants after the applicant has been approved by their local Rotary Club, the District Committee and the sponsorship fee has been paid by the Rotary Club.

Note: Due to limitations on the numbers that can be accommodated at the Seminar not all applications submitted may necessarily be accepted by the District Committee

Notes for Rotary Club - please read and retain this page

Completed application form to be forwarded by the sponsoring Rotary Club to:

Aaron Griffiths
RYPEN Chairperson
PO Box 3897
SUCCESS WA 6964

Or email to aaron@messytomagic.com.au
Or fax to 1300 88 61 63

IMMEDIATELY after it has been approved by the club.

APPLICATIONS MUST BE RECEIVED BEFORE FRIDAY AUGUST 5TH 2011 – 4 WEEKS TIME!

Please act quickly to source your applicants and to get the applications in.

The tight turnaround for applications for this Seminar is due to the venue only being available to us in late August.

We appreciate the time pressures this brings, but welcome your support to help us achieve another successful RYPEN. Our only other alternative was to cancel the Seminar, but we are sure you agree that it would be better to work a bit faster than we usually would to help enrich the lives of 50 young people. We have a dedicated team of Facilitators, all of which have been through other Rotary programs, ready to make this Seminar a true success.

GENERAL NOTES FOR ROTARY CLUB

Applicants must have turned 14, and not yet turned 18, at the time of the Seminar.

The club will be notified if the applicant is accepted and payment of sponsorship must be forwarded to the District Committee prior to the Seminar

- 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 the Seminar should be coordinated and confirmed by the sponsoring Rotary Club. Please ensure your participant has arrangements in place for:
 - Transport to the Seminar in time for Registration and Official Opening and
 - Transport home from the Seminar immediately following the Official Closing.

If you have any questions, please do not hesitate to contact:

Aaron Griffiths – RYPEN Chairperson – aaron@messytomagic.com.au or Mobile – 0417 958 493
Sarah Roberts – RYPEN Committee Member – 0408 789 714

Notes for Parents - please retain this page

Applicants and Parents/ Guardians:

Rotary is one of the largest worldwide service organisations with more than 31,000 clubs in 167 countries. One of the goals of Rotary is to help young people develop their self-confidence and their leadership skills.

RYPEN helps young people to form their own values and moral standards and assists them to broaden their horizons culturally, socially and academically through a weekend Seminar program that provides a positive, stimulating and fun environment. The program includes games, workshops, discussions, sports, challenges and creative arts with a few added surprises. It provides opportunities to exchange ideas and to learn from others and a chance to make many new friends. The cost of this great weekend is paid for by your local Rotary Club as part of its support for the development of local youth.

- The Seminar is coordinated by a group of responsible adults and experienced youth leaders and is held in dormitory style accommodation. All have 'Working with Children' clearance from the State Government.
- The camp is a little remote so all personal items needed for the weekend should be packed – there are no shops available locally. We provide loads of good tasty quality food and the cook caters for any special dietary requirements.
- To avoid security risks, wallets, purses and all electrical equipment (phones, Ipods etc) should be left at home. A suggested packing list will be provided with a confirming letter prior to the Seminar to successful applicants.
- Except during organised discussion groups, female quarters are out of bounds to all males and vice-versa.
- Alcohol, cigarettes and drugs are not permitted during the period covered by the Seminar.
- To ensure the maximum benefit from the seminar for the whole group all RYPEN awardees are required to commit to the whole period of the Seminar and attend all meals and activity sessions, and may not leave the Seminar without the consent and knowledge of the Seminar Director.
- "Outside" personal friends of awardees, not enrolled in the RYPEN course, are not permitted at the Seminar.
- Confirmation and further details will be mailed to the successful applicants after lodgement of completed application through your local Rotary Club and approval by the District Committee. Due to the need to support clubs from as many locations as possible and the limitations on the numbers the accommodation can hold, not all applicants submitted may be accepted for this particular Seminar. Further information can be obtained through your local Rotary Club. However, should you have any particular enquiries that cannot be resolved with your local club, please do not hesitate to contact the following RYPEN District Committee members:

Aaron Griffiths – RYPEN Chairperson aaron@messytomagic.com.au Mob 0417 958 493

Sarah Roberts – RYPEN Committee Member – 0408 789 714

DISTRICT 9465 - ROTARY YOUTH PROGRAM OF ENRICHMENT (RYPEN)

ROTARY CLUB AGREEMENT:

We, the Rotary Club of _____ nominate the person named below to attend the RYPEN Seminar to be held from Friday to Sunday 26-28 August 2011. Our club accepts responsibility for coordinating transport of our applicant to and from the Seminar. Should our applicant be accepted, we undertake to forward a cheque for sponsorship prior to the Seminar.

Signature of Rotary Club President / Secretary: _____

APPLICANT:

Please PRINT ALL DETAILS CLEARLY

Surname: _____ Given Names: _____

Usually known as: _____ Sex: M / F
(Name you would like printed on your name badge) Please circle

Date of Birth: ____/____/19____ Age at date of Seminar _____ years old
(Please note, applicants must have turned 14, and not yet turned 18, at the time of the Seminar.)

Home address: _____

Suburb: _____ Post Code: _____

Phone – Home: _____ Phone – Mobile: _____

Email address: _____

School attended: _____ Working: Y / N Please circle

Hobbies / Interests: _____

Participation in Clubs or Groups: _____

APPLICANT AGREEMENT:

I hereby apply to participate in RYPEN August 2011 and if accepted agree to abide by the seminar rules and take full responsibility for my conduct and behaviour during the Seminar. I will be positive and actively participate in all aspects of the RYPEN program and agree to visit my Sponsoring Rotary Club after the Seminar to tell them about my experience.

Signature of Applicant: _____

PARENT / GUARDIAN AGREEMENT:

I hereby give my son/daughter _____ permission to attend the August 2011 RYPEN Seminar for Rotary District 9465 and confirm the information given to be complete and accurate.

Media Release: Further, I authorise Rotary District 9465 and the RYPEN Committee to use any photographs, video footage and other electronic media taken that may include my son/daughter on the RYPEN Seminar as promotional material for the purposes of promoting the activities of Rotary. I understand this may include, but is not limited to, printed brochures, press releases, website promotions and newsletters.

Signature of Parent/Guardian: _____

Full Name of Parent/Guardian: _____ Date: _____

Confidential MEDICAL and PERSONAL INFORMATION FORM

Please forward to Aaron Griffiths, RYPEN Chairperson, PO Box 3897, SUCCESS WA 6964 with Application form
DISTRICT 9465 - ROTARY YOUTH PROGRAM OF ENRICHMENT (RYPEN)

SURNAME: _____ GIVEN NAMES: _____
(Applicants name)

To assist us to carry out our duty of care for all participants during the Seminar, we require the following information, which will be treated with confidence and will not prejudice your application. It is essential that you complete this form fully and accurately.

EMERGENCY CONTACT DETAILS:

Please list 2 contact phone numbers where, in the event of an emergency, parents/guardians may be contacted during the weekend of the Seminar.

1: _____

2: _____
Name: _____ Relationship to Nominee _____ Phone Number: _____

Special Needs: Do you have any conditions that require special consideration during the Seminar e.g. hearing or sight impairment, sprains, strains, injuries or other?

Yes / No If Yes, please advise details: _____

Special Dietary Requirements: Do you have any special dietary requirements or food allergies?

Yes / No If Yes, please advise details: _____

Physical Activities: Attendance at RYPEN will involve physical activities including running, hiking, climbing, ball sports, dancing etc. Are you able to participate fully in all such activities?

Yes / No If No, please advise details: _____

Can you swim? Please circle one No Fair Swimmer Good Swimmer

Medications: Please list the following:

Prescribed medications currently being taken: _____

Other current medication or treatments: _____

Any medication you have recently been taken off: _____

Allergies to any medications: _____

Medicare Number: _____ **Private Health Cover:** Company _____

Year of Last Tetanus Injection: _____ **Private Health Number:** _____

Any further Medical or Personal Information that RYPEN should be aware of? _____

PARENT / GUARDIAN AGREEMENT:

I confirm the above information to be accurate and complete and in consideration of the Seminar facilities provided by RYPEN August 2011, I hereby absolutely release and discharge District 9465 RYPEN August 2011, 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 Seminar period. I further agree that in the event of injury to the applicant, you are authorised to obtain, at my expense, any medical, ambulance or like service that you in your absolute discretion think necessary or desirable.

Signature of Parent/Guardian: _____ Date: ____/____/2011

Full Name of Parent/Guardian: _____