RYPEN 3rd - 5th May 2013 - SEND US YOUR TWEENS!

Friends, Parents, Rotarians, School Principals - send us your Tweens!

RYPEN first & foremost is designed to engage young people on a range of topics & activities which are relevant to them by challenging their notions & stretching their borders in a positive & supportive environment.

RYPEN is not solely guest-speaker based - there are lots of physical activities thrown in where the value of teamwork & the importance of taking part rather than the winning is emphasised; mostly it is all done with such a great sense of fun that it is hard not to have a great time.

Planning is well under way for the District's 2013 RYPEN (Rotary Youth Program of Enrichment). It is very pleasing to be able to build on a core of last year's Attendants with new faces from Rotaract clubs & former Youth Exchange Program (YEP) students.

Camp Bornhoffen is, once again, the venue for RYPEN 2013. As anyone who has been lucky enough to make the trip into the Numinbah Valley will attest, this is indeed a breathtaking location.

Your Rotary Club has received information & application forms for RYPEN. If you have, or know of, any young people between fourteen & sixteen who would love a weekend packed with activities, entertaining speakers & opportunities to make new friends, then we would encourage you to sponsor them.

We really look forward to continued RYPEN success with the ongoing support & assistance of all District Clubs, and hope that every District Club will sponsor one or more Awardees to share the unique experience of RYPEN. We would also love to see Rotarians make the time to visit & see firsthand the results of their efforts in sponsoring young people from all backgrounds to attend RYPEN.

Yours in Rotary Service,

The RYPEN Attendants & Executive Committee.
Rotary Youth Program of Enrichment
District 9640

Application Form
Camp Bornhoffen Friday 3rd – Sunday 5th May 2013

Personal Details – to be completed by applicant

SURNAME: ___________________________ FIRST NAME: ___________________________

PREFERRED NAME: ___________________________ GENDER: (Please Circle) M F

RESIDENTIAL ADDRESS: ___________________________________________________________

_____________________________________________ POSTCODE: ______________

POSTAL ADDRESS: ____________________________________________________________

_____________________________________________ POSTCODE: ______________

TELEPHONE: ___________________________ EMAIL___________________________

MOBILE: ___________________________ DATE OF BIRTH: ___________________________ AGE (as at 3rd May 2013): ______________

WHAT SCHOOL DO YOU ATTEND? __________________________________________ WHAT GRADE? ___

T-SHIRT SIZE (please circle) SM MD LG XLG XXLG

HAVE YOU ATTENDED A RYPEN CAMP PREVIOUSLY YES / NO IF YES, WHAT YEAR_____

I agree that I will NOT smoke, use non-prescription drugs, drink alcohol or use personal electronic devices such as mobile phones, laptops and iPods etc. while attending RYPEN. I agree to abide by the camp rules.

Awardee Signature: ____________________________________________________________

Application Date: ______________

SPONSORING CLUB DETAILS – to be completed by Rotary Club

CLUB NAME: ___________________________

ADDRESS: ________________________________________________________________

CONTACT PERSON: ___________________________ TELEPHONE: ___________________________

EMAIL: ________________________________________________________________

SIGNATURE: ________________________________________________________________ DATE: ______________

Nomination fee of $250.00 to be enclosed with application (non-refundable)

CLOSING DATE FOR APPLICATIONS: Friday 19th April 2013

Chairpersons
Rob & Debbie Dawkins
info@dawkinsfamily.com
Emergency Contact Details – Applicant to complete

The information requested on this form will be treated with strict confidentiality. It is to assist in the preparation of the camp and in case of emergency be made available to person/s handling the treatment.

Parent or Guardian

Mr / Mrs / Ms ____________________________________________
(Surname) (First Name)
ADDRESS: ______________________________________________
______________________________________________ Post Code: ______
PHONE
Home: __________________  Work: __________________  Mobile: ________________

Next Contact

Mr / Mrs / Ms ____________________________________________
(Surname) (First Name)
ADDRESS: ______________________________________________
______________________________________________ Post Code: ______
PHONE
Home: __________________  Work: __________________  Mobile: ________________

Your Regular Practitioner

DOCTOR: ______________________________________________ LOCATION: ________________
PHONE practice: __________________ after hours: __________________

Please list any medications you take, when you take them and the dose: ____________________________

__________________________________________________________

NB. Please bring adequate supply of any medications you require and equipment needed to administer them (eg. insulin pens, inhalers, nebulisers)

Medicare Number: _________________________________

Are you covered by a private health care fund? Y / N  Details: ___________________________

Are you covered by an ambulance plan? Y / N

Any special instructions: ____________________________

________________________________________________________________________

Medical Information    Do you have any medical conditions?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Chairpersons
Rob & Debbie Dawkins
info@dawkingsfamily.com
ASTHMA:
Treatment

Have you been hospitalised due to asthma? Y/N
If so, when and duration?

Have you had a Tetanus injection in the last 5 years? Y/N
If so, when and where?

Are you a diabetic? Y/N
If so, what medication do you require?

Do you suffer from epilepsy? Y/N
If so, what medication do you require?

Have you been exposed to any communicable diseases within the last 6 months? Y/N
If so, please explain and indicate what medication you require.

Do you take recreational drugs or are you addicted to any drugs? Y/N
If so, please explain

Do you have any medical, physical or mental condition which would not allow you to participate 100% during this camp? Y/N
If so, please explain

Please list any other health, medical or personal details, not covered above, you require us to know:
eg. pending operations

Please provide any health information that may be useful in the event of an illness or injury.

Please specify any dietary requirements you have: (eg. gluten free, sugar free, vegetarian)

Parent / Guardian Acceptance/Authorisation:

Chairpersons
Rob & Debbie Dawkins
info@dawkinsfamily.com
This RYPEN Seminar is conducted and supervised by Rotarians and their partners who live in with the participants. Strict rules will be enforced to ensure the safety and well being of each participant. Accident insurance has been taken out for the duration of the seminar. We need your approval to seek medical assistance should an emergency occur.

Please sign below to give that approval.

I, __________________________ give the RYPEN Chairperson permission to arrange ambulance transport or medical attention for my son/daughter/ward, __________________________, if considered necessary. I expect to be notified as soon as possible.

I agree to the above medical information provided being made available if the circumstances warrant. I give the RYPEN committee, permission to use photos of my child/children for the purposes of promoting Rotary Youth programs, and for the use on social media.

___________________________ Date: __________

( Parent / Guardian)

Please note that this application form requires the signature of the applicant, Rotary Club representative and parent / guardian before being accepted as complete.

Please forward completed application form and cheque (payable to Rotary District 9640 – RYPEN) for payment in an envelope marked:

RYPEN c/o Kahlil Dawkins
Grace College
Walcott St,
St Lucia QLD 4067
Return no later than – April 19th 2013

Chairpersons
Rob & Debbie Dawkins
info@dawkinsfamily.com