



# RYPEN

## Rotary Youth Program of Enrichment 2009

[www.rypen9750.org.au](http://www.rypen9750.org.au)

**1 - 3 May 2009**

Deer Park  
Sutherland National Park

**Rotary Club Sponsoring this Applicant\*:**

\*Please PRINT above!

### ROTARY INTERNATIONAL DISTRICT 9750 APPLICATION FORM RYPEN 2009

#### ABOUT YOU

PERSONAL DETAILS	
Surname	
Preferred Name	
Date of Birth	
Sex	
Age at date of Seminar	_____ years _____ months
Email Address	
Mobile Number	
Medicare Number (compulsory)	

HOME DETAILS	
Street	
Suburb	
State	NSW
Post Code	
Telephone	

SCHOOL DETAILS	
School Name	
School Address	
State	NSW
Post Code	
Telephone	
School Subjects	
School year/grade	Please circle: 7 8 9 10 11

<b>HEALTH &amp; WELLBEING</b>	
Current Health Issues	
Are you currently taking any prescribed medications	Please circle: YES NO If YES, please provide details: If medication is prescribed after this form has been submitted, please bring to the Seminar an instruction re administration, signed by your parent / guardian.

<b>RYPEN &amp; YOU</b>	
What are your interests, other than school? eg. sport, dance, public speaking etc.	
List organisations in which you participate. eg. sports, charity, church, youth groups etc.	
How did you find out about this Seminar?	

Why you want to be selected to attend RYPEN?	
What do you expect to gain from a weekend at RYPEN?	

<b>ROTARY &amp; YOU</b>	
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?	

**APPLICANT & PARENT OR GUARDIAN CONSENT**

Applicant	I understand that I am applying to be considered by the RYPEN district Committee to attend the weekend Seminar and that I am available to attend the whole weekend, from 5 pm Friday, 1 May 2009 to 4 pm Sunday 3 May 2009, and that I acknowledge the essential points of the Basis Code of Behaviour expected by Rotary, and agree to abide by them.  Signature of Applicant _____  Date:
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Sponsoring Rotary Club	The above applicant has been interviewed by _____ on _____ and is a suitable applicant ( as per guidelines) to recommend for attendance at the RYPEN Seminar. Signed for and on behalf of the Rotary Club of _____  Signature _____ Date _____  Contact Name _____  Phone number _____  Email _____  Name of Rotary Club Sponsoring Applicant: _____  Total Number of Applicants to Sponsor: _____  Would Sponsor more if students available? _____
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Parent or Guardian to complete	<b>EMERGENCY CONTACT</b>
	NAME _____ Address _____ Telephone _____  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.  Signature _____ Date _____

Parent or Guardian to complete	<b>PHOTO DECLARATION</b>
	NAME _____ Address _____ Telephone _____  I give consent for my child to feature in photographs taken at RYPEN (1-3 May 2009), which may be used by the Rotary District 9750 RYPEN Committee for promotional purposes in future RYPEN marketing material, as authorized by the Rotary District 9750 RYPEN Committee.  Signature _____ Date _____

**Mandatory – to be completed by the Rotary Club - either an authorised Rotary Club or a Parent must transport the participant to and from camp.**

<p><b>Rotarian/Parent to deliver RYPENian to camp</b></p>	<p>Name: _____ (please PRINT clearly)          Mobile Number: _____          Landline Number: _____          Relationship with Rotary Club/Applicant: _____          _____          including Rotary Club (write below) where Applicable          _____          _____          Signature of Rotarian/Representative above</p>
<p><b>Rotarian/Parent to pick-up RYPENian from camp</b></p>	<p>Name: _____ (please PRINT clearly)          Mobile Number: _____          Landline Number: _____          Relationship with Rotary Club/Applicant: _____          _____          including Rotary Club (write below) where Applicable          _____          _____          Signature of Rotarian/Representative above</p>
<p><b>Sponsoring Rotary Club</b></p>	<p>Youth Director of this Rotary Club?          Name: _____ (please PRINT clearly)          Mobile Number: _____          Landline Number: _____          Email Address: _____</p>

**Application Forms, together with cheque from Rotary Club, must reach RYPEN Chairman by 11th April 2009 (early bird). Mailing Address: PO Box 265, St Peters NSW 2044**

All those who participate in the RYPEN weekend have completed mandatory Child Protection Forms. It is the responsibility of the Sponsoring Rotary Club to ensure that Rotarians who are involved in delivering RYPENians to and from the camp and/or attending the dinner complete this form.



## Rotary Youth Program of Enrichment

### PARENTAL PERMISSION SLIP FOR TRANSPORTING OF RYPENIAN

I understand that my son/daughter \_\_\_\_\_ (name) will be transported to and from the RYPEN Weekend 1 to 3 May 2009. I give permission for my son/daughter to travel with a Rotarian/authorised Rotary representative to and from RYPEN.

Name of Rotary Representative: \_\_\_\_\_

Name of sponsoring Club: \_\_\_\_\_

Location to pick up RYPENian (may be school or home address):

Agreed time: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Mobile/Emergency Contact Number: \_\_\_\_\_

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_