

SECTION 1 - PERSONAL INFORMATION

First Name: _____ Last Name: _____

Preferred Name (for name badge): _____

Birth Date: ____ / ____ / ____ Age: (at time of camp): _____ Gender: _____

School: _____ School Year: _____

Residential Address:

_____ Suburb: _____ Post Code: _____

Email Address: _____

Contact Phone Number: Home _____ Mobile _____

COVID-19 Information

We require all RYPEN Participants and volunteers to be fully vaccinated against COVID-19. Proof of vaccination or a valid exemption must be supplied along with this application form, or provided at registration.

COVID-19 Vaccination Up to Date: ☐

During the RYPEN Camp, we will be complying with all Government Health Directives, including the use of face masks and physical distancing as required.

In the event of restrictions that mean RYPEN can't go ahead, we will postpone the camp. Participants will be offered a place for the rescheduled camp, or their participation fee will be refunded.

SECTION 2 - EMERGENCY CONTACT DETAILS

EMERGENCY CONTACT DETAILS DURING THE RYPEN WEEKEND:

CONTACT 1

Contact Name: _____ Relationship: _____

Residential Address: _____

_____ Suburb: _____ Post Code: _____

Contact Phone Number: Home _____ Mobile _____

Email: _____

CONTACT 2

Contact Name: _____ Relationship: _____

Residential Address: _____

_____ Suburb: _____ Post Code: _____

Contact Phone Number: Home _____ Mobile _____

Email: _____

SECTION 3 – MEDICAL INFORMATION

This information will be treated confidentially and will only be disclosed to organisers of the camp as required to ensure your safety, health and well-being.

Please list any special dietary requirements?

- | | | | |
|--------------------------------------|--------------------------------------|--|--|
| ☐ Vegetarian | ☐ Vegan | ☐ Dairy Allergy | ☐ Gluten Allergy |
| ☐ Nut Allergy | ☐ Egg Allergy | ☐ Seafood Allergy | ☐ Halal Food Only |

☐ Other (please specify) _____

Do you have any existing medical conditions? Please briefly state how they may impact on your ability to participate in the program.

Are you taking any medication, prescription or otherwise?

Please state any additional information we may need to know.

Date of last Tetanus injection: _____ Medicare Number: _____

SECTION 4 - APPLICANT'S AGREEMENT

The following are essential points of the basic Code of Behaviour expected by the Rotary District 9465 RYPEN Committee for the weekend camp. All participants must stay for the complete program (no exceptions).

I hereby make my nomination for a Rotary Youth Program of Enrichment and will be prepared to:

1. Remain within the boundaries of the camp or offsite activity at all times
2. Not use alcohol, cigarettes or non-prescription drugs throughout the duration of the camp.
3. Leave at home or hand over for safekeeping all electronic devices (iPods, phones, gaming devices).
4. Not enter dorms or living spaces of other people without permission. Males may not enter female dorms, nor may females enter male dorms.
5. Participate fully and to the best of my ability in all tasks.
6. Respect any appropriate request from organisers and facilitators.
7. Respect myself and all other participants.
8. Go back to my sponsoring club and present a short talk about RYPEN and your experience. We ask this so that clubs can see where and to what their investment does towards.

I understand that failure to abide by the Code of Behaviour, my parents/carers will be contacted and asked to collect me, regardless of the time.

I have read and understood the above Code of Behaviour and agree to abide by it.

APPLICANT'S SIGNATURE

APPLICANT'S NAME

DATE

SECTION 5 – GUARDIAN'S CONSENT- Please Tick

- ☐ I give consent for the applicant to attend RYPEN and adhere to and follow the code of behaviour outlined above.
- ☐ I authorise the RYPEN Chair and / or Committee to arrange medical treatment and/or Ambulance transport for the applicant if such treatment or transport is considered necessary.
- ☐ I give consent to the applicant being included in the photographs that are taken during RYPEN. Photographs and video footage is shared with the RYPEN group and may be used by Rotary District 9465 to promote the RYPEN programme.
- ☐ I understand that transportation to and from the venue is the responsibility of the parents/carers.
- ☐ I release Rotary International District 9465, its officers and employees, agents and volunteers from all liability, howsoever arising, from injury or damage to both property and person howsoever caused (whether fatal or otherwise) arising out of the Participant's participation in the Event whether or not such injury or damage is due to any negligent act, breach of duty, default and/or omission on the part of Rotary, its officers and employees, agents or volunteers.
- ☐ I indemnify Rotary International District 9465, its officers and employees, agents and volunteers against all loss, damage and expenses (including legal costs on a solicitor and own client basis) arising out of or in connection with any claims, actions, proceedings or demands of any kind arising directly or indirectly as a consequence of the Participant's participation in the event.

GUARDIAN'S SIGNATURE

GUARDIAN'S NAME

DATE

SECTION 6 - SPONSORING ROTARY CLUB

****NOTE: Please ask your sponsoring Rotary club to complete this section. If you are not affiliated with a Rotary club we will put you in touch with one!**

Rotary Club of: _____

Contact Person: _____

Contact Phone Number: _____

Contact Email: _____

MEMBER'S SIGNATURE

MEMBER'S NAME

DATE

GENERAL NOTES FOR ROTARY CLUBS

- Once forms and payment has been received, the applicant and guardian will receive a confirmation email and information about the camp.
- 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 RYPEN should be coordinated and confirmed by the sponsoring Rotary Club.
- Please note that as the District Committee must commit to payment to the campsite two weeks prior to the Seminar it is unable to refund late withdrawals or 'no shows'. It is therefore important that clubs select applicants carefully and follow them up to ensure commitment.
- **Rotary Clubs are not able to "switch out" participants. We must have full paperwork by the application closing date for ALL participants.**

RYPEN Age Requirements

Participants must have turned 14 **before** RYPEN starts.
Participants must be under 18 for the **entire duration** of RYPEN.

Participant Cancellation / No-Show

In the event of a cancellation/non-attendance the following will apply: 75% refund up to 3 weeks from camp commencement, and **no refund within 14 days** of camp commencement.