



Rotary Youth Programme of Enrichment

RYPEN 2010

District 9680

RYPEN Friday 29th January - Sunday 31st January 2010

Registration Closes 31st October 2009

Cost to Clubs \$270 per student

Teenagers grow when they have the opportunities to develop “life skills”

Which Students

- Full time students from year 9 in 2009 going into year 10 in 2010.
- Young adults with potential but who have not had a chance to develop it.
- This programme is aimed towards students who need a helping hand to develop leadership, initiative and responsibility skills.
- Contact your local high school Year 9 Adviser or School Counselors.
- Clubs are encouraged to commit to TWO students from each school.
- Equal numbers of both sexes.

Students Achieve

- Improved leadership skills in a non-threatening environment.
- Increased motivation and improved life skills.
- Improved self-image and pride
- Develop an understanding of setting and achieving goals.
- Increased confidence to overcome problems and take control of their future.

RYPEN Activities include

- An intensive program of workshops, sports and entertainment activities
- Experienced presenters sharing a wealth of knowledge

Rotary Club's Outcome

- Fills a niche in the teenage market.
- Supports Rotary's commitment to youth.
- Good “bridge” to RYLA, Youth Exchange, and Rotaract.
- Great opportunity to build relationships with local schools.

Today's RYPENians are our future Rotaractors, Rotarians, LEADERS

RYPEN Friday 29th January - Sunday 31st January 2010

RYPEN District Chairman **Clive Denmark**

Rotary Club West Pennant Hills and Cherrybrook Inc.

P 9680 1825 **F** 9811 7544 **M** 0400 425 210 **E** hamletc@optusnet.com.au

Post RYPEN PO Box 233 West Pennant Hills NSW 2120



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CALL FOR NOMINATIONS

Dear fellow Rotarians,

RYPEN 2010 (Rotary Youth Programme of ENrichment 2010) is full steam ahead once again for the 2009-2010 year. To be successful we need your assistance to find around 64 new participating students. So please:-

- **Appoint a delegate in your club as the contact point for RYPEN**
(Normally the Youth Director or a Youth Committee member).
- **Commit to participate in RYPEN 2010** by nominating one or more young persons attending Year 9 from your local high school who will benefit from this excellent programme.

How does your Rotary Club To commit to participate in RYPEN ?

This is simply done by:

- Including **RYPEN** in your YOUTH programme for the 2009-10 year
- **Making a phone call:** Contact the local high schools and ask the **YEAR 9 Coordinator** which of their young people would benefit from a **RYPEN** weekend.
- **Sponsoring the Cost of** \$270 per student.
- **Sending the Completed Application Forms** By October 31st Ensure that your candidate/s will be available to be at the Collaroy Centre - on Friday evening 29th January (registration between 6:00 pm and 6:30 pm) to 3.30pm on Sunday 31st January 2010
- **Please Advise me if you club is going to participate and who is the club delegate so we can ensure information and communications get to the right people see contact details below**

Yours in Rotary,
Clive Denmark, RYPEN Chairman 2010

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RYPEN APPLICATION FORM (Please Print clearly) Page 1 of 3

Full Name..... **Date of birth** / / **Sex** M / F
Preferred Name or Nickname for name badge.....
Home Phone..... **Fax**.....**Email**.....
Home Address **Suburb/Town**.....**Post Code**.....

School Name..... **School E-mail address**.....
School Year Advisor or other main contact.....

Sport, Hobbies and interests.....

List any medical or physical disabilities (e.g. Asthma, Diabetes, and Epilepsy)

Please advise any medication being taken.....

Do you have and any allergies (bites, stings etc).....

Any Special Dietary Requirements (e.g. vegetarian, food allergies etc.).....

We will be supplying you with a **RYPEN polo shirt**. Please indicate your shirt size – (please circle one)
[SMALL] [MEDIMUM] [LARGE] [X LARGE]

EMERGENCY CONTACT(S) DETAILS DURING THE RYPEN WEEKEND

CONTACT 1 Name**Relation to the applicant**.....

Address

Telephone numbers [H] **[Mobile]**

CONTACT 2 Name**Relation to the applicant**.....

Address

Telephone numbers [H] **[Mobile]**

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RYPEN APPLICATION FORM (Please Print clearly) **Page 2 of 3**

CONDITIONS OF ACCEPTANCE

I agree that my child will participate in the Rotary Youth Program of Enrichment (**RYPEN**) weekend program and have read and agree to the following conditions of Acceptance and Participation:

My child will be available to attend the full program on the nominated dates.

I acknowledge that this is a residential course and no "leave passes" will be issued without the express permission of the RYPEN Chairman or the RYPEN Chairman's assignee.

I understand that it is a condition of Rotary and The Collaroy Youth and Community Centre (**The Collaroy Centre**) facilities that illicit drugs, illegal substances and alcohol are not permitted on site, and that use or consumption will result in expulsion from the course without refund of fees.

Should there be a need for my child to take any scheduled medication, properly prescribed by a medical practitioner, and not otherwise previously declared in this application, then I will inform the RYPEN Chairman of this requirement.

I understand that transportation to and from the venue is the responsibility of the parents or guardians, but may be undertaken by the sponsoring Rotary Club.

I understand that the program may include, but is not restricted to, such activities as rock climbing, team work courses, swing by choice, physical team building activities and other forms of sporting activities.

These activities will be organized and supervised by the RYPEN staff or agents of The Collaroy Centre.

My child has the right to decline to participate in any programmed activity, but in the event of their participation, I acknowledge that whilst every care will be taken by the activity leaders, including those employees, agents and servants of The Collaroy Centre, and any other person nominated, who may organise, arrange and conduct those activities, I expressly agree to hold harmless and do hereby indemnify Rotary District 9680, the organising Rotary Clubs, its officers, members, servants, employees and agents from any and all actions, suits, damages, claims and demands arising out of accident or injury or illness which may befall or occur as a result of my child's participation in, during, or as a result of any activity or function undertaken by them in connection with the RYPEN program, including transportation to any activity, to and from The Collaroy Centre.

I further authorise any officer, member, servant or agent of the Rotary District 9680 or Rotary Club, including those employees, agents or servants of The Collaroy Centre, in the event of any injury, accident or illness arising from any cause whatsoever to obtain such medical assistance or treatment that is deemed appropriate for my child, and to engage any doctor, nurse or an appropriate member of an emergency service and arrange any hospital accommodation as is deemed appropriate for my child. I agree to reimburse the said Rotary District 9680, Rotary Club, employees, agents and servants of The Collaroy Centre on demand, all such expenses associated with the treatment of any accident, injury or illness, including but not restricted to doctors, nurses, hospital fees and transportation. I agree that any photographs taken at the camp may be used in promotional material for future RYPEN camps.

I agree that my child will follow any reasonable direction given to them by the said Rotary Club, its agents or servants, and the staff, agents and employees of The Collaroy Centre.

Signed by Parent/Guardian: _____ Date: _____

RYPEN District Chairman **Clive Denmark**

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I acknowledge the information I have provided with respect to my child's application is true and correct to the best of my knowledge, and authorise the release of information to the appropriate authority in the event it becomes necessary to do so.

Signed by Participant: _____ Date: _____
Print Name: _____

Signed by Parent/Guardian: _____ Date: _____
Print Name: _____

Participants' Medicare Number: _____

Sponsoring Rotary Club : _____

Rotary Club Authorised Name and Signature: _____

Rotary Club contact e-mail address: _____

Rotary Club contact Phone numbers: (h) _____

(m) _____

(b) _____

Please post

ALL THREE PAGES OF THE APPLICATION FORM + REMITTENCE

ATT: Clive Denmark

RYPEN District Chairman **Clive Denmark**

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