



Rotary Youth Program of Enrichment

District 9640



Application Form Camp Bornhoffen Friday 25th – Sunday 27th May 2012

Personal Details – to be completed by applicant - PLEASE INCLUDE A PASSPORT SIZE PHOTOGRAPH

SURNAME: _____ FIRST NAME: _____

PREFERRED NAME: _____ GENDER: (Please Circle) **M** **F**

RESIDENTIAL ADDRESS: _____
_____ POSTCODE: _____

POSTAL ADDRESS: _____
_____ POSTCODE: _____

TELEPHONE: _____ EMAIL _____

MOBILE: _____ DATE OF BIRTH: _____ AGE (25th May 2012): _____

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: _____

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SPONSORING CLUB DETAILS – to be completed by Rotary Club

CLUB NAME: _____

ADDRESS: _____

CONTACT PERSON: _____ TELEPHONE: _____

EMAIL: _____

SIGNATURE: _____ DATE: _____

Nomination fee of \$240.00 to be enclosed with application (non-refundable)
CLOSING DATE FOR APPLICATIONS: FRIDAY 31st March 2012

| | | |
|------------------------|--------|----------|
| ADMIN USE ONLY: | | |
| Paid by | RC † | Other † |
| | Diet † | Health † |
| Rec. # | _____ | |

Chairpersons
Rob & Debbie Dawkings
info@dawkingsfamily.com
PO Box 243, YAMBA NSW 2464
Ph: 02 6646 3231 M: 0438 627 157

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: _____

Nearest Relative

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 or have you recently had.....(please circle Y or N)

| | | | | | |
|------------------------------|-------|--------------------------|-------|------------------------------|-------|
| Fainting spells or dizziness | Y / N | Chron's disease | Y / N | Anaemia | Y / N |
| Loss of consciousness | Y / N | Cystic fibrosis | Y / N | Dislocations | Y / N |
| Concussion or head injury | Y / N | HIV | Y / N | Hepatitis (A, B, C, or D) | Y / N |
| Chronic or frequent cough | Y / N | Appendicitis | Y / N | Diabetes Mellitus | Y / N |
| Shortness of breath | Y / N | Arthritis or rheumatism | Y / N | Glandular Fever | Y / N |
| Heart disease | Y / N | Stomach trouble or ulcer | Y / N | Other (please specify) _____ | |
| Chronic depression | Y / N | Skin disease | Y / N | | |

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 _____

If you are hypersensitive, allergic or have had adverse reactions to food, medications, tetanus antitoxins or serums, please indicate the agent, the type of reaction and the treatment or medication.

MEDICATION:Reaction _____
_____Treatment _____
_____**FOOD:**Reaction _____
_____Treatment _____
_____**INSECT BITE / STING:**Reaction _____
_____Treatment _____
_____**OTHER:**Reaction _____
_____Treatment _____

Chairpersons

Rob & Debbie Dawkings

dawkings@exemail.com.au

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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)

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Parent / Guardian Acceptance/Authorisation:

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.

Signature _____ 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:

**The District Chairpersons
D9640 RYPEN Committee
PO Box 243
YAMBA NSW 2464
Return no later than – March 31st 2012**

Chairpersons
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dawkings@exemail.com.au
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