

# Rotary Youth Transition Seminar

District 9640

## Application Form

Camp Bornhoffen - 3rd to 9th December 2011

*Personal Details – to be completed by applicant (please print clearly)*

SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

PREFERRED NAME: \_\_\_\_\_ GENDER: **M F**

RESIDENTIAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
POSTAL ADDRESS: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

\_\_\_\_\_  
POSTAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
POSTCODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

AGE (as at 28 November 2011): \_\_\_\_\_

WHAT SCHOOL DO YOU ATTEND? \_\_\_\_\_ WHAT GRADE? \_\_\_\_\_

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

***I agree that I will NOT smoke, use non-prescription drugs or drink alcohol while attending RYTS.***

***I agree to abide by the camp rules. NO MOBILE PHONES PLEASE.***

Signature: \_\_\_\_\_

Applicant Date

***Please attach a passport size photograph to the front of this application.***

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***SPONSORING CLUB DETAILS – to be completed by Rotary Club***

CLUB NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

POSTCODE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ CLUB POSITION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

***Nomination fee of \$450 is enclosed (non-refundable)***

CLOSING DATE FOR APPLICATIONS: **FRIDAY, 30TH OCTOBER 2011**

***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.*



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 \_\_\_\_\_

Appendicitis Y / N  
Arthritis or rheumatism Y / N  
Stomach trouble or ulcer Y / N  
Skin disease Y / N  
Anaemia Y / N  
Dislocations Y / N  
Hepatitis (A, B, C, or D) Y / N  
Diabetes Mellitus Y / N  
Glandular Fever Y / N  
Other (please specify) \_\_\_\_\_

**ASTHMA:**  
Treatment \_\_\_\_\_

**ALLERGIES:** 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 \_\_\_\_\_

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)

\_\_\_\_\_

\_\_\_\_\_

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**Parent / Guardian Acceptance/Authorisation:**

This RYTS camp is conducted and supervised by Rotarians and 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.

The RYTS committee would like your permission to use pictures and videos of the students attending to promote future camps.

**Please sign below to give that approval.**

I, \_\_\_\_\_ give the RYTS 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 signatures of the sponsoring Rotary Club representative, the applicant and parent/guardian [if applicant is under 18] before being accepted as complete.

Please forward completed application form and cheque ,made out to” Rotary district 9640 /RYTS” in an envelope marked ‘ Confidential’to,

**The District Chairperson**  
**Regional Youth Transition Seminar**  
Ken Barker

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Red Range NSW 2370  
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kjbarker48@gmail.com