



# Rotary Youth Program of Enrichment

District 9640



## Application Form Camp Bornhoffen Friday 3<sup>rd</sup> – Sunday 5<sup>th</sup> May 2013

**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 (as at 3<sup>rd</sup> May 2013): \_\_\_\_\_

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: \_\_\_\_\_

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

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

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

CONTACT PERSON: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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

**Nomination fee of \$250.00 to be enclosed with application (non-refundable)**  
**CLOSING DATE FOR APPLICATIONS: Friday 19th April 2013**

<b>ADMIN USE ONLY:</b>		
Paid by	RC <input type="checkbox"/>	Other <input type="checkbox"/>
	Diet <input type="checkbox"/>	Health <input type="checkbox"/>
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: \_\_\_\_\_

**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 any medical conditions?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Chairpersons**

Rob & Debbie Dawkings  
info@dawkingsfamily.com

**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 \_\_\_\_\_

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)  
\_\_\_\_\_  
\_\_\_\_\_  
.....

*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 \_\_\_\_\_

\_\_\_\_\_

***Parent / Guardian Acceptance/Authorisation:***

*Chairpersons*

Rob & Debbie Dawkings  
info@dawkingsfamily.com

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. I give the RYPEN committee, permission to use photos of my child/children for the purposes of promoting Rotary Youth programs, and for the use on social media.

\_\_\_\_\_ 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.***

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**Please forward completed application form and cheque (payable to Rotary District 9640 – RYPEN) for payment in an envelope marked:**

**RYPEN c/o Kahli Dawkings  
Grace College  
Walcott St,  
St Lucia QLD 4067  
Return no later than – April 19<sup>th</sup> 2013**