

ROTARY DISTRICT 9790
District Governor: **David Anderson**

RYPEN COMMITTEE 2011/2012
C/o 137 Hayes Street, SHEPPARTON 3630

RYPEN 2012

DEAR ROTARIAN,

Please find enclosed the Application and Information Sheets for your student/s. Please provide a contact name and phone number of your liaison Rotarian as requested on the info sheet. Please photocopy as many as you need and return your application/s and cheque by 1st March, 2012 to:

District 9790 RYPEN Committee,
137 Hayes Street,
SHEPPARTON. 3630.

YOUR COST is \$200.00 per STUDENT plus TRANSPORTATION TO and FROM the VENUE.

*** 2012 VENUE ***

The Lake Nillahcootie Camp is on the Midland Highway, between Benalla and Mansfield. The program will commence at 5.00pm Friday 16th March & conclude at approx. 3.00pm on Sunday 18th March, 2012.

The contact Phone No. at Lake Nillahcootie Camp is 03 57764224.

*** IF YOU REQUIRE ANY ASSISTANCE, Please contact the Director on *
0439158274 or 58210161ah or FAX 03 58314502
Email: watt.malc@gmail.com**

Yours in Rotary Youth Services,

Malcolm S. Watt
P.P. Malcolm S. Watt Esq.
Seminar Director

RYPEN 2012

Lake Nillahcootie Camp

16th to 18nd March, 2012

ROTARY DISTRICT 9790

RYPEN COMMITTEE 2011/2012

District Governor:
David Anderson

C/o 137 Hayes Street, SHEPPARTON 3630

ROTARY YOUTH PROGRAM OF ENRICHMENT

- A DISTRICT 9790 YOUTH PROJECT -

Sponsor Rotary Club: _____

Contact Rotarian : _____ Phone/Fax: _____

STUDENT NOMINATION FORM - 2012 RYPEN CAMP

STUDENT NAME: _____

HOME ADDRESS: _____

_____ Post Code: _____

SCHOOL: _____

SCHOOL ADDRESS: _____

_____ Post Code: _____

PHONE NO. SCHOOL: _____ HOME: _____

AGE: _____: MALE/FEMALE DATE OF BIRTH: _____ YEAR LEVEL: _____

Email/MSN Address: _____

OTHER INFORMATION:

MAIN INTERESTS AT SCHOOL: _____

MAIN INTERESTS OUTSIDE SCHOOL: _____

JOBS or POSITIONS HELD: _____

STUDENT'S SIGNATURE: _____

PRINCIPAL / CO-ORDINATOR'S COMMENTS: _____

Name: _____ Signed: _____

CONFIDENTIAL MEDICAL REPORT FOR 2012 RYPEN CAMP

STUDENT'S NAME: _____ AGE: _____

PARENT'S/GUARDIAN NAME: _____

ADDRESS: _____

: _____ POSTCODE: _____

YOUR RELATIONSHIP TO CHILD: (parent/guardian): _____

TELEPHONE: HOME: _____ WORK: _____

MEDICARE NO.: _____ AMBULANCE COVER: YES / NO

DO YOU HAVE PRIVATE HEALTH INSURANCE: YES / NO

1. Is your child presently taking tablets and/or medication? YES / NO

If yes, please state name of medication, dosage, and reasons for administration, etc:

ALL MEDICATION MUST BE HANDED TO THE LEADER OF THE CAMP UPON ARRIVAL. (This will be kept Private and Confidential and Medication will be kept in the First Aid Centre and distributed as required.)

2. Please tick if your child suffers from any of the following:

:___:Asthma :___:Blackouts :___:Bladder or Kidney disease :___:Epilepsy
:___:Hay fever :___:Heart Condition, :___:Migraines :___:Sleepwalking :___:Travel Sickness
:___:Other: _____

3. Please tick if your child is allergic to any of the following:

:___:Any Foods/Plants: _____

:___:Penicillin :___:Other Drugs : _____

:___:Other: _____

What special care is recommended? _____

CONFIDENTIAL MEDICAL REPORT FOR 2012 RYPEN CAMP

STUDENT'S NAME: _____ AGE: _____

4. Has your child recently suffered from an illness or operation? YES / NO

If yes, Please comment: _____

5. Last TETANUS immunisation was: _____

If over three years since last immunisation, please ensure that your child has been immunised prior to the camp.
Booster Date: _____

6. Is this the first time your child has been away from home? YES / NO

7. Does your child know anybody else going on the camp? YES / NO

8. Is there any other information you wish to share with us about your child?:

CONSENT FORM

(Please sign this statement which is a requirement for all children to attend the RYPEN camp.)

I HEREBY CONSENT TO MY CHILD; _____ ATTENDING THE 2012 RYPEN SEMINAR.

IN THE EVENT OF AN ACCIDENT OR ILLNESS, I AUTHORIZE THE LEADER IN CHARGE TO CONSENT, WHERE IT IS IMPRACTICAL TO COMMUNICATE WITH ME, TO MY CHILD RECEIVING SUCH MEDICAL OR SURGICAL TREATMENT AS MAY BE DEEMED NECESSARY.

SIGNED: _____

PARENT/GUARDIAN

Please complete the application forms, sign and return to your local Rotary Club.
Thank you for your co-operation. We trust that your Child will have an enjoyable time with us.

Malcolm S. Watt
Malcolm S. Watt 0439158274
Seminar Director

*** ROTARY YOUTH PROGRAM OF ENRICHMENT ***

- A DISTRICT 9790 YOUTH PROJECT -

LAKE NILLACHOOTIE CAMP – 16th to 18th March, 2012

To all RYPEN Student's selected to attend the 2012 Seminar.

The VENUE is the Lake Nillahcootie Camp which is on the Midland Highway between Benalla – Mansfield. The program will commence at 5.00pm Friday 16th March & conclude at approx. 3.00pm on Sunday 18th March, 2012.

Transport to and from the venue will be supplied/arranged by your sponsor Rotary Club.

The contact Phone No. at Lake Nillahcootie Camp is 03 57764224.

Your Sponsor Rotary Club is :.....

YOUR CLOTHES & EQUIPMENT LIST:

ESSENTIALS:

1. Small case or bag for carrying clothes, etc..
2. Sleeping bag or Doona, plus pillow & sleeping gear.
3. Underclothes, Toiletries and Towel.
4. At least two pairs of long jeans/pants. One old set for outdoor activities.
- 5 At least one warm woollen jumper.
6. A waterproof lightweight jacket or parka.
7. Walking shoes or sandshoes.
8. Sports clothes - tracksuits, shorts and T-shirts.
9. Plastic bag for soiled/dirty clothes.
10. Torch.
11. Sun hat and Sun cream/zinc cream and don't forget the Aerogard.
12. Semi-formal gear for Dinner. (See below).

DINNER - SATURDAY EVENING:

This is to be a semi-formal occasion where smart dress is required - e.g. Girls - skirt/dress, Boys - shirt/trousers (tie optional). No jeans or runners to be worn to the semi-formal dinner.

OPTIONAL REQUIREMENTS:

Camera, Guitar or other musical instruments, Small amount of cash for stops to and from Home.

NOT PERMITTED AT ALL :

Alcohol / Cigarettes / Drugs (except by prescription)

SPECIAL NOTE: The nights are likely to be very cold. Please ensure that your Sleeping bag / Doona is adequate or bring an extra blanket and/or tracksuit to sleep in. Days should be mild but you will need a hat. If you require any further information, please call me on the numbers below. I look forward to seeing you at the seminar.

Cheers,

Malcolm S. Watt
Malcolm S. Watt
Seminar Director
03 58210161ah / 0439158274

P.S. Your contact Rotarian is:

Name:.....

Phone:.....

*** RYPEN 2012 ***

Lake Nillahcootie Camp

SAMPLE PROGRAM

FRIDAY - 16/03/12

5.00 pm	Arrive, room allocation and camp familiarization.	
6.30 pm	Evening meal	
7.30 pm	Welcome Address	* Chairman
7.45 pm	Introductory Activities	* Director & Group Leaders
9.00 pm	Supper	
9.30 pm	Night Activities	* Group Leaders
11.00 pm	Close down.	

SATURDAY - 17/03/12

6.45 am	Wake up Call	
7.00 am	"Relaxation"	
8.00 am	Breakfast	
8.30 am	Communications-Individuals / Groups	*
9.00 am	Group Activities: - Problem solving initiatives	* Group Leaders
10.30 am	Morning tea	
11.00 am	Group Activities continue....	* Group Leaders
12.30 pm	Lunch	
1.30 pm	Group Activities continue....	* Group Leaders
3.00 pm	Afternoon tea	
3.30 pm	Relationships / Group Discussions	*
4.30pm	Preparation for evenings activities	* All involved
6.30 pm	Formal Dinner with Guest Speaker	* DG or Nominated Representative
8.00 pm	Drama & Social Evening	* Groups and Individuals to Perform
11.30 pm	Close down.	

SUNDAY - 18/03/12

6.45 am	Wake up Call	
7.00 am	"Relaxation"	
7.30 am	Breakfast	
8.00 am	Pack Up and Clean Up	
9.00 am	Trust and Communication Activities	* Group Leaders
10.00 am	"Looking after Yourself"	* Rot. Geoff Dobson
11.00 am	Values Auction	* Group Leaders
12.00 pm	Team Challenge Final	* Nillahcootie Staff
1.00 pm	Lunch	
1.30 pm	Debrief & Evaluation	* PP Malcolm S. Watt
2.30 pm	Camp Closing and Farewells	* Chairman
3.00 pm	Departures	

"Program is subject to change - dependant on the circumstances prevailing at the time"

Seminar Director: Malcolm S. Watt 0439158274
