



INFORMATION FOR SCHOOLS

Principals, Well Being Staff, School Counsellors, Careers Advisors

2026 RYPEN Camp

Friday 4th – Sunday 6th September 2026

Capital Country – Bridge Road Sutton NSW

RYPEN is a Rotary Youth program aimed at **year 9 and 10 students** who show some qualities of kindness, courage, persistence, sincerity, and application in everyday life, and who are deserving of further development.

We need your help to find Students to participate in this extremely worthwhile program. The program accommodates around 50 students from across our Rotary District, and we hope for an even mix of boys and girls.

RYPEN aims for the average student and not for the outstanding few. We are sure there are some kids at your School that are worthy of this opportunity? The attached information may help to identify those students you think would benefit from the program. If you need help with the guidelines for selecting students for RYPEN please contact your local Rotary Club.

For details about the camp please refer to the **Information for Applicants** form. All forms are available via the [Rotary District 9705 RYPEN web site](#), along with photos and videos from previous RYPEN camps.

Advertise the Camp in your staffroom and encourage your teachers to assist in finding participants to attend. Through sponsorship with your local Rotary Club there is (usually) no cost to the school or the student.

Your local Rotary Club is responsible for the selection of RYPEN participants in their area and will discuss arrangements for the payment of the \$450 camp fee. The Club may provide partial or full sponsorship, and all applications must be endorsed by a Rotary Club.

Please return your students' application form to the sponsoring Rotary Club early.

If you do not have a Rotary Club contact and wish to know more, please contact the RYPEN co-coordinator. Application form is on the following page.

Places are limited. Return this form to your sponsoring Rotary Club ASAP

Rotary District 9705

APPLICATION 2026



EVENT DETAILS

Date: Friday 4th to Sunday 6th September 2026

Venue: Capital Country Tourist Park, Bridge Road, SUTTON NSW 2620

Fees: \$450

1. Everyone, please complete all sections of the form using CAPITAL LETTERS .	
2. Sections to be completed are colour coded.	
PARTICIPANT / YOUNG PERSON to complete	
PARENT to complete	
ROTARY CLUB to complete	
3. Check you have completed each section as required.	
4. Attach treatment plans signed by a medical practitioner.	
5. Tick Application Checklist when completed and documented	
p2	Personal Details of Participant
	School Details
	Additional Information
	Rotary and You
p3	RYPEN and You
	Sponsoring Rotary Club Recommendation
p4	Parent Arranged Travel and Consent:
	Rotary Arranged Transport and Consent:
	Copy of Travel Arrangements to be provided to parents and also kept by Rotary Club
p5	Emergency Medical Information + treatment plans and Emergency Contact Details
p6	Participant Agreement / Parent/Guardian Consent / Photography Declaration

Please send applications forms, and treatment plans attached via email.

On receiving and processing of the applications, the Rotary Club will be invoiced for **\$450**.

Email applications to: RYPEN9705@gmail.com

Applications close **Friday, 14 August 2026** unless all positions are filled

RYPEN Contacts: Yvonne Young M: 0418 866 482 E:
Meg Barrell M: 0400 553 097

PERSONAL DETAILS OF PARTICIPANT		PLEASE COMPLETE IN CAPITAL LETTERS			
First Name:					
Preferred Name:					
Surname:					
Date of Birth: DD / MM / YYYY					
Age:					
Gender: (Please circle)	Male	Female	I will contact camp director		
Participant Mobile Number:					
Participant Email Address:					
Street:					
Suburb / Town:					
State / Postcode:	P'code				
Name of Parent / Guardian:					
Relationship to Participant:					
Parent / Guardian Mobile No:					
Parent / Guardian Email Address:					
SCHOOL DETAILS					
School Year:					
School Name:					
Street Name:					
Suburb /Town:					
State / Postcode:	P'code				
School Contact's Name:					
Contact's Phone Number:					
ADDITIONAL INFORMATION					
T-Shirt Size: (<i>circle</i>)	Small/	Medium/	Large/	XL/	
Rotary arranged transport is required.	YES	NO			
From which Location:					
ROTARY AND YOU		CLUB SPONSORING THIS APPLICATION			
Have you ever been to a Rotary meeting?	YES	NO			
Are you related to a Rotarian?	YES	NO			
If YES, Relationship:					
Sponsoring Rotary Club Name:					
Rotary Contact Name:					
Contact's Position:					
Rotary Contact Mobile Number					

RYPEN AND YOU		PLEASE COMPLETE IN CAPITAL LETTERS	
What extra-curricular activities do you undertake at school? (eg debating, school band)			
What are your interests outside school? List any organisations you participate in (eg sport, youth groups, charities, church volunteering)			
What field of work are you interested in entering after you have completed school?			
How did you find out about RYPEN?			
Why do you want to be selected to attend RYPEN?			
What do you expect to gain from attending RYPEN?			

SPONSORING ROTARY CLUB RECOMMENDATION / ENDORSEMENT			
Name of Participant:			
<p><i>The above applicant has been interviewed by and of the Rotary Club of on (date) / / 2026. This young person is a suitable applicant (as per guidelines) and is recommended for attendance at the D9705 RYPEN seminar weekend from Friday 4th to Sun 6th September, 2026.</i></p>			
Signature:		Date:	
Rotary Contact's Name:			
Contact's Position:			
Rotary Contact's Number:			
Name of Sponsoring Rotary Club:			
Sponsorship:		FULL	PART

MANDATORY – MUST be COMPLETED by PARENT /GUARDIAN in CAPITAL LETTERS

PARENT ARRANGED TRAVEL of RYPEN PARTICIPANT **TO VENUE**

Name of Participant:

Name of Person driving Participant:

Relationship to Participant:

Driver's Contact Number:

This person is over 18 yrs & holds full licence.

YES

NO

PARENT ARRANGED TRAVEL of RYPEN PARTICIPANT **FROM VENUE (if different to above)**

Name of Participant:

Name of Person driving Participant:

Relationship to Participant:

Driver's Contact Number:

This person is over 18 yrs & holds full licence.

YES

NO

PARENT CONSENT for PARENT ARRANGED TRANSPORT of RYPEN PARTICIPANT

I hereby give consent for my young personto travel with the driver/s nominated by me to D9705 RYPEN 2026 seminar weekend on Friday, 4th September or from D9705 RYPEN 2026 on Sunday, 6th September, 2026.

Parent / Guardian Name:

Parent / Guardian Signature:

Date:

Contact No:

ROTARY ARRANGED TRANSPORT of RYPEN PARTICIPANT

Name of Participant:

Sponsoring Rotary Club:

Name of Rotarian or Authorised Rotary Representative:

WORKING WITH CHILDREN CHECK NUMBER: WWcC:

Location to pick up RYPEN Participant:

School:

(maybe school or home address)

Street:

Town:

Agreed Departure Time:

PARENT CONSENT for ROTARY ARRANGED TRANSPORT of RYPEN PARTICIPANT

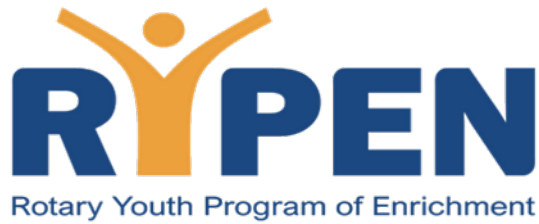
*I hereby give consent for my young personto travel with the nominated Rotarian or Authorised Rotary representative to D9705 RYPEN 2026 seminar weekend on Friday 4th September and **from** D9705 RYPEN 2026 on Sunday, 6th September, 2026.*

Parent / Guardian Name:

Parent /Guardian Signature:

Contact No:

Date:



EMERGENCY MEDICAL INFORMATION to be completed in CAPITALS by PARENT / GUARDIAN

Participant's Name:			
Address:			
Contact No:			DOB:
Medicare Number - COMPULSORY	No. on card:		
Private Health Insurance:	YES	NO	
If Yes, Insurance Provider's Name:			
Membership Number:			No. on card:
Does the participant have any medical conditions?		YES	NO
If yes, provide details e.g. diabetes / asthma /allergies / injuries			
Is the participant currently taking any prescribed medications ?		YES	NO
If yes, attach a copy of any treatment plan for the prescribed medications.			
Does medication require refrigeration?			
Does the participant have any allergies including food allergies?		YES	NO
If Yes, attach a copy of any treatment plan for the allergies or anaphylaxis.			
If treatment includes the use of an epipen, it is MANDATORY to provide this.			
Do you any special dietary requirements ?		YES	NO
If yes, provide details.			

EMERGENCY CONTACT DETAILS:

CONTACT 1	CONTACT 2
Name:	Name:
Address:	Address:
Mobile No:	Mobile No:
Relationship:	Relationship:

I authorise the Seminar Director to arrange medical treatment and / or ambulance transport for my young person, if in the Seminar Director's opinion, it is deemed necessary.

In the event of an emergency, please notify either nominated contact.

Parent or Guardian's Name:	
Signature:	Date:

PARTICIPANT AGREEMENT

I understand that I am applying to be considered by my sponsoring Rotary Club and the District 9705 RYPEN committee to attend the RYPEN seminar weekend and that I am available for the entire weekend from 3.00pm Friday 4th until 1.00pm Sunday 6th September,2026.

*I acknowledge that the RYPEN seminar weekend is a **substance free event and venue**. Vaping, smoking, drinking alcohol or taking of illicit drugs are prohibited.*

*I acknowledge the essential points of the basic Code of Behaviour - **courtesy, common sense and co-operation** are required at all times and I agree to abide by these expectations.*

I understand that the consequence of any behaviour deemed inappropriate will result in my being sent home at parental expense.

Participant's Name:

Signature:

Date:

PARENT OR GUARDIAN CONSENT

I give consent for my young personto attend the RYPEN seminar weekend and that my young person is available for the entire weekend from 3.00pm Friday 4th until 1.00pm Sunday 6th September,2026.

I acknowledge my young person is to be transported to and from the camp as arranged by either the sponsoring Rotary Club or as arranged by me.

*I acknowledge that the RYPEN seminar weekend is a **substance free event and venue**. Vaping, smoking, drinking alcohol or taking of illicit drugs are prohibited.*

*I acknowledge my young person is expected to abide by the basic Code of Behaviour – **courtesy, common sense and co-operation** and agree my young person has been advised to abide by them.*

I understand that the consequence of any behaviour deemed inappropriate will result in my young person being sent home at parental expense.

Parent or Guardian Name:

Signature:

Date:

PHOTOGRAPHY DECLARATION:

I give consent for my young person to feature in photographs taken at RYPEN 2026 (Friday 4th to Sunday, 6th September, 2026) which may be used by Rotary District 9705 RYPEN committee for promotional purposes in future RYPEN marketing materials, or in local media outlets ie newspapers, magazines as authorised by the Rotary District 9705 RYPEN committee.

I also understand that many children while at camp will also take photos and may place these photos on social media outlets including the RYPEN created Facebook page and its group page created especially for this event.

Parent or Guardian Name:

Signature:

Date:
