

# R Regional Y outh T ransition S eminar

District 9640

## Application Form

Camp Bornhoffen - 4th to 10th December 2010

*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 2010): \_\_\_\_\_

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 2010**

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

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

PHONE home: \_\_\_\_\_ work: \_\_\_\_\_ mobile: \_\_\_\_\_

**Nearest Relative**

Mr / Mrs / Ms \_\_\_\_\_  
(Surname) (First Name)  
ADDRESS: \_\_\_\_\_

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

PHONE home: \_\_\_\_\_ work: \_\_\_\_\_ mobile: \_\_\_\_\_

**Next Contact**

Mr / Mrs / Ms \_\_\_\_\_  
(Surname) (First Name)  
ADDRESS: \_\_\_\_\_

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

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

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

Loss of consciousness Y / N

Concussion or head injury Y / N

Chronic or frequent cough Y / N

Shortness o breath Y / N

Heart disease Y / N

Chronic depression Y / N

Chron's disease Y / N

Cystic fibrosis Y / N

HIV Y / N

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 signature of the *applicant, Rotary Club*

*representative and parent / guardian* before being accepted as complete.

Please forward completed application form and cheque for payment in an envelope marked

'Confidential'

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

Ken Barker  
618 Coopers rd.  
Red Range NSW 2370  
Ph.0267342333 ,m.0447063043  
kjbarker48@gmail.com