

Rotary Programme Of Enrichment (RYPEN)

Candidate Details Form

YMCA, Lakeside, 9th –13th October 2006
(to be returned by 31st July to RYPEN Secretary, Hugh Whittam)
29 Lyndhurst Road, Ulverston. LA12 0EG hugh.whittam@virgin.net

Sponsoring Club..... Contact Person.....

Tel No.

1. Details of Nominee

Name.....

Address.....

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Postcode..... Tel No Date of Birth

2. Parent's/Guardian's Permission

I being the parent/guardian of
agree that he/she may take part in the RYPEN course. He/she is fit to attend the course and
take part in strenuous physical activities, as far as I am aware.

I also give my permission that any photographs taken during the course which include the
candidate, may be used for promotional purposes by Rotary International. YES/NO

Emergency contact no.

Signed Date

3. Student's Medical Information

a) Does he/she suffer from any condition of which the YMCA staff should be aware? YES/NO
If YES, please give details

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b) Is he/she allergic to any medication? YES/NO

If YES, please give details

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c) Any special dietary requirements?

d) Date of last Tetanus injection

e) Details of family Doctor

Name Tel No.

4. School's Permission

I being the Headteacher of
agree that may be permitted to take time away from school to
take part in the RYPEN course.

Signed Date