

Rotary Youth Sailing Challenge Voyage Application



5-Day Voyage

For the current Rotary year

**A program of
Rotary Clubs in District 9510**

THE OPPORTUNITY OF A LIFETIME

Applicant's Name:

THIS APPLICATION FORM MUST BE COMPLETED IN NEAT HANDWRITING

Pages 1–10 to preferably be scanned and emailed to youthsailingexperience@gmail.com ,
or alternatively posted to: Rotary Youth Sailing, 23 Torr Avenue, Brighton SA 5048.

Please submit your application form as soon as possible but it must be received a
minimum of four weeks before sailing.

**YOUTH SAILING
CHALLENGE**



One & All

STUDENT APPLICATION FORM – for the Sep/Oct 2020 or April 2021 voyage

Personal Information

Tick where applicable √ Put NA in any spaces which are not applicable

Applicant Information

Full Legal Name			Smiling Head and shoulders Applicant Photo Attach here		
Date of Birth	Age	Gender Tick√ MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>			
Home Address Street	Suburb/Town	Post Code			
Postal Address if different from above					
Email	Home Phone	Mobile			
School Attended	Name of teacher who knows you	Contact Phone Number			
Did your school recommend you? <input type="checkbox"/>	Did another group recommend you? <input type="checkbox"/>	Name of school or other group			
Name of recommending person	Phone number	Email Address			
I am available to sail on the Sept/Oct Voyage <input type="checkbox"/> the April 2020 Voyage <input type="checkbox"/> Both voyages <input type="checkbox"/>					

Parent or Legal Guardian Details

Name	Description √ FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/>		
Home Address Street	Suburb/Town	Post Code	
Email	Home Phone	Work Phone	Mobile

Sponsoring Rotary Club(s) if known

Club Name	District Number	Name of Contact in Club	
Email	Home Phone	Work Phone	Mobile
If second club is sharing sponsorship – Club Name	District Number	Name of Contact in 2 nd Club	
Email	Home Phone	Work Phone	Mobile

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One & All



STUDENT APPLICATION FORM – Voyage commencing / /

Medical Information

To be disclosed only to these people who need to know for your welfare while on board

Details ✓ where applicable

Applicant's Name: Date of Birth:

Gender: Male Female Age:

Address:

Suburb: Post Code:

Email: Contact Number:

Parent or legal guardian's details for us in an emergency

Name: Relationship:

Contact Phone No:

Email:

Alternative Emergency Contact: Relationship:

Contact Phone No:

Tee Shirt Size ✓ Small Medium Large X Large

Which school do you attend?

General Information ✓ where applicable

1. Do you have any special dietary requirements?

(i.e. vegetarian (IF SO PLEASE SPECIFY WHAT YOU ARE ABLE TO EAT), halal, gluten intolerant, food allergies etc.)..... **Yes** **No**

Details:

2. Do you drink alcohol? **Yes** **No**

Do you smoke? **Yes** **No**

Do you take recreational drugs? **Yes** **No**

The One & All is a dry, non-smoking vessel and a non-recreational drug zone,

Do you agree to abide by the no drinking, no smoking and no recreational drug policy?

..... **Yes** **No**

3. Swimming ability:

Not at all

Poor

Fair

Good

4. Are you covered by medical benefits? **Yes** **No**

If so, what is the name of your fund?

Medical Information Continued

5. Are you covered by an ambulance subscription? **Yes** **No**

6. Medicare No:.....

7. What is your blood type? (don't panic if you don't know this ☺)

8. Do you suffer from asthma?..... **Yes** **No**

Severity:

Prevention:

Treatment:.....

Action Plan Attached: **Yes** **No**

9. Do you suffer from allergies? **Yes** **No**

Please specify:.....

Severity:

Reaction:

Treatment:.....

Action Plan Attached:..... **Yes** **No**

10. Do you take any prescribed or over-the-counter medication? **Yes** **No**

Please list each one and what they are taken for:

.....
.....
.....
.....
.....
.....
.....

Will seasickness affect any of the above medication?..... **Yes** **No**

Details:

.....

11. Do you have or have you ever had any of the following conditions? Yes No

√ **where applicable**

- | | |
|--|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Blood Disorders | <input type="checkbox"/> Haemophilia/ bleeding problem |
| <input type="checkbox"/> Impaired hearing | <input type="checkbox"/> Spinal injury/ disorder |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Fainting/ blackouts |
| <input type="checkbox"/> Behavioural problems/ADD/ADHD | <input type="checkbox"/> Speech difficulty |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Impaired movement |
| <input type="checkbox"/> Epilepsy/fits/convulsions | <input type="checkbox"/> Kidney/ Bladder problems |
| <input type="checkbox"/> Anaemia | <input type="checkbox"/> Memory/ attention problems |
| <input type="checkbox"/> Mental illness | <input type="checkbox"/> Learning difficulties |
| <input type="checkbox"/> Weight control problems | <input type="checkbox"/> Hernia |

Medical Information Continued

- Heart/ Circulatory disorder
- Tuberculosis
- Eye disease/ visual impairment
- Cerebral Palsy
- Osteomyelitis
- Thyroid disorders
- Abnormal response to heat/cold
- Mental disability
- Vertigo/ Claustrophobia
- Bone/ Joint injury
- Other, e.g.: pregnant

If you answered yes to one or more of the above questions, or if you have previously had any medical ailments, surgical procedures or psychiatric incidents that are not noted above,

Please give details:

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

If you take medication for any above conditions please list each one and what they are taken for:.....

.....
.....
.....
.....
.....
.....

For certain medical conditions, we may need to contact your doctor. Please provide the following details:

Name of Medical GP:

Phone number:

Address:.....

Suburb:..... State:..... Post Code

YOUR MEDICAL FORMS MAY BE REVIEWED BY A DOCTOR. IN LIMITED CASES, IT MAY BE NECESSARY FOR YOU TO HAVE A MEDICAL EXAMINATION. WE MAY ALSO REQUEST YOU UNDERTAKE A DRUG SCREENING TEST IN A CASE WHERE IT APPEARS NECESSARY. WE ALSO RESERVE THE RIGHT TO REJECT AN APPLICANT IF THEY HAVE A MEDICAL CONDITION THAT CAN NOT BE ACCOMMODATED ON THE VOYAGE.

I confirm the medical information given is correct and complete

Signature Parent/Guardian Date .../.../....

Signature Applicant Date .../.../....

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One & All



STUDENT APPLICATION FORM - Voyage commencing /..... /.....

Indemnity Acknowledgement

The *One & All* is owned by and operated under the control of the South Australian Government by the Friends of the *One & All* Trust. Rotary's risk management expert and its youth protection officer have thoroughly investigated the ship's planning, documentation, checks and training procedures and the many processes that have been put in place to ensure the smooth and safe operation of the *One & All* in all conditions and circumstances. Everything proved to have been covered in meticulous detail. Our risk management expert who has a long involvement in the aircraft industry said, "The presentation of the *One & All* and its crew was akin to that required for a commercial aircraft and I doubt anything further could be done to ensure the safety of those on board."

Having said this, although unlikely, accidents can occur. It is a condition any student selected to participate as a Rotary trainee for a *One & All* youth training voyage (referred to in the balance of this document as "the voyage") and their parent or legal guardian agree to sign this indemnity form.

I, (the student) _____
Please print full name

And

I (parent or legal guardian) _____
Please print full name and relationship to the student

1. Are both aware and acknowledge that though sailing on the tall ship *One & All* has statistically over its thirty years of operation proved to be very safe, sailing on any vessel involves inherent risks including damage to personal property, injury and even death. I, the student confirm I will be participating in this voyage of my own free will and desire and both I and my parent or guardian acknowledge the risks.
2. We are also both aware that a condition of participation in the voyage is that we both agree to release from any liability which may arise the crew of the *One & All*, the Rotary organisers and all officers, agents, employees and volunteers of both organisations who are in any way involved with the voyage (these people are referred to in the balance of this document as "The Organisers").
3. We also both understand the liability referred to in clause 2 related to any claim arising from damage to property or any form of injury to a person whether it be physical, mental or a fatal injury. We further agree it does not matter how the damage or injury occurred, whether it was due to a negligent act, a breach of duty, default or omission or any other error on the part of "The Organisers"
4. We also agree to indemnify "The Organisers" and their solicitor and clients against all loss, damages and expenses which may arise as a result of any claims, actions or demand of any kind which may arise as a result of the student's participation in "The Voyage".

We confirm we agree with all of the requirements in the four points above.

"The Student's" signature _____ Date ____ / ____ / ____

Parent or Guardian's signature _____ Date ____ / ____ / ____

**YOUTH SAILING
CHALLENGE**



One & All



STUDENT APPLICATION FORM - Voyage commencing /.... /.....

Conditions Relating to Participation

Before completing this application form for Rotary Sponsorship on the five day student training voyage, it is important you and your parent/guardian read and agree with these rules and conditions.

1. The applicant must be over 15 years and under 19 years of age
2. The applicant must have a recommendation from someone who knows them well
 - a. school
 - b. a leader in a sporting group or club, e.g. football, scouts, church
3. Applicant can only apply if they have never sailed on a One and All training voyage.
4. Application must be in hand writing only.
5. An Application Fee of \$25 must be paid by bank transfer to One and All bank account **BSB Number 105-015 Account Number 135188440**. This must be paid before the application is lodged and the booking receipt attached to page 9. This Application Fee will be refunded if the applicant is unsuccessful.
6. The Selection process of applicants may include an interview.
7. Selected applicants will be expected to speak about their voyage experience to their sponsoring Rotary Club(s) and if applicable also their corporate sponsor.
8. It is agreed my "Reason for Applying" application essay in part or in full may be used for the purpose of publicizing the program together with any photos officially sanctioned by the *One & All* Committee relating to the voyage containing my image.
9. Access to the deck and facilities are down ladders. The ship is traditionally built and toilet and sleeping facilities are located below the main deck area. Applicants must be able to cope.
10. Flat-soled closed shoes to be worn. Bare feet, ugg boots, thongs, high heels will not be allowed on board. Recommended to wear comfortable clothing for ease of climbing and moving about the ship.
11. If selected to join this voyage program, an applicant must be able to travel on the listed dates.
12. Anyone under the influence of alcohol or drugs will be refused entry to the ship.
13. The training voyage cost excludes travel to and from the boarding and departure points programmed for this voyage
14. If a successful applicant is not able join the voyage due to injury, change of mind or any other reason the *One & All* program is such the sponsored placement cannot be redeemed or transferred to another event with One & All. Sponsored placement will be deemed void.
15. Applicants must have all of the parental consent sections of this application completed.
16. It is appreciated, though this application is approved, voyage and sponsorship placements are limited and there is no guarantee a position will be available.
17. The Committee's selection is final.

We agree to abide by or accept all of the above requirements.

Signature Parent/Guardian Date /.... /.....

Signature Applicant Date /.... /.....

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One & All



STUDENT APPLICATION FORM – Voyage commencing / /

Sponsorship Information

✓ **where applicable**

The Rotary Club of has agreed to sponsor me

President's signature Date / /

The Rotary Club of has agreed to jointly sponsor me

President's signature Date / /

I do not have a sponsor club and if my application is successful I would appreciate if the Committee would, if possible, obtain a Rotary or corporate Rotary sponsor for me.

Bank Transfer Payment Facility Receipt

**Attach your \$25 application
receipt in this space
and scan with the balance
of the application**

**YOUTH SAILING
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One & All



STUDENT APPLICATION FORM

CHECK LIST

To be completed with all boxes ticked before application is submitted

- I have read and agree to comply with the instructions and requests (page 8)
- The sponsorship section has been fully completed as applicable (page 9)
- I have attached a smiling head and shoulders photo of myself as requested (page 2)
- All the applicable information boxes have been completed (page 2)
- All of my medical including mental health issues have been disclosed (pages 4, 5 & 6)
- I have paid the \$25 student application fee (page 8) into the One & All bank account
- A copy of the bank transfer receipt for \$25 has been attached to this application (page 9)
- The disclaimer statement has been signed by me and my parent/guardian (page 7)
- My one hundred word reason for going on the training voyage is attached (page 3)
- Everything on the form has been completed by me in my handwriting (pages 1-10)
- I have scanned the form and all attachments and will email them to youthsailingexperience@gmail.com

Please note if all applicable items on the form are not completed, your application will be rejected.

Student's signatureDate /... /....

Parent/Guardian's signature Date /... /....