



New Participant Retreat - Participant Registration Guidelines

To be considered as a Participant for a New Participant Retreat you are required to:

1. Be a woman, 18 years or older, who is battling or has survived a cancer diagnosis, and physically capable of participating at a retreat (refer to Health Release Form).
2. Attend the retreat as an individual. No spouse, significant other, caretaker, family member or friend (who is not participant), pet, etc., may attend the retreat with you. No Exceptions (unless you bring Brad Pitt).
3. Complete Application – fill in all information and sign. Application consists of:
 - Registration Guidelines
 - Registration Form
 - Health Release Form
 - Participant Information Form
4. Return the Application with applicable Registration Fee.
5. Agree and understand that Reeling and Healing Midwest may exercise the right and responsibility to deny your attendance or restrict your participation at a retreat.
6. Review and sign the following Registration & Cancellation Policy:

A completed Application and \$25 non-refundable Registration Fee are required to confirm your slot for a retreat. Your application will be reviewed and, if criteria are met and space is available, will be confirmed. Registration Fees will be processed at time of attendance confirmation. Confirmation will be made by mail or email. Registration Fees are non-refundable for confirmed registrations.

Applications are taken on a first come/first serve basis.

Participants must meet or surpass the physical restrictions for the specific retreat location.

Participant is responsible for purchase of a one-day fishing license (between \$3-\$9, depending on residency and age) and transportation to the retreat location. Carpooling is encouraged.

The Cancellation Policy exists due to pre-retreat expenses. Notice of cancellation by a Participant must be made in writing and confirmed by Retreat Coordinator. Request for change of date in the same calendar year will be honored, if possible, when received 15-29 days prior to confirmed retreat date. Registrant will be placed on a waiting list for an alternate date if an opening is not available at the time of request. There is no guarantee an alternate date will be available. To cover a portion of expenses incurred, Reeling and Healing Midwest reserves the right to assess a \$100 cancellation fee for cancellations made 3 days or less prior to the retreat's start date or for failure to attend.

A credit card guarantee is required if registering within 14 days of a retreat. Normal credit card processing fees apply.

I have read and understand the registration guidelines above.

Signature		Date	/	/
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This form must be printed, filled out completely, and returned as described below. Thank You.

2010 New Participant Retreat Registration Form

Contact Information

Name:	E-Mail:	
Street:		
City, State & Zip:		
Hm Ph:	Wk Ph:	Cell Ph:

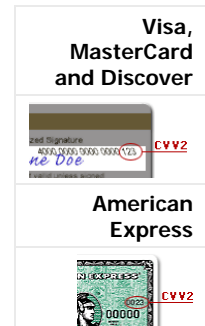
Choose Retreat to Attend

Participant	Volunteer	Retreat Date / Description
	Early/Regular	
<input type="checkbox"/> \$25	<input type="checkbox"/> \$25/\$30	July 18-20 – Gates Au Sable Lodge, Grayling MI
<input type="checkbox"/> \$25	<input type="checkbox"/> \$25/\$30	July 25-27 – Gates Au Sable Lodge, Grayling MI
<input type="checkbox"/> \$25	<input type="checkbox"/> \$25/\$30	August 8-10 – Gates Au Sable Lodge, Grayling MI
<input type="checkbox"/> \$25	<input type="checkbox"/> \$25/\$30	August 15-17 – Gates Au Sable Lodge, Grayling MI
_____ Which New Participant Retreat date is your first choice?		
<u>Note for Volunteers:</u> Early Registration is available 30 or more days prior to retreat date. Payment due at time of reservation. No more than two New Participant retreats per volunteer, per calendar year, if available.		
<input type="checkbox"/> \$5	<input type="checkbox"/> \$5	Processing Fee for Credit Card Payments <u>Only</u>
\$	\$	Total

Registration Payment

Registration fee is payable by check (preferred) or credit card. Credit card payment is accepted by mail, fax, and phone or online at www.ReelingandHealingMidwest.org. A \$5.00 processing fee will be added to all credit card payments. Credit card payment and receipt are processed via PayPal. Questions? Phone 616-855-4017.

- Paying By Check:** Check # _____ (Make payable to Reeling & Healing Midwest)
 - Pay Using PayPal:** Send Payments to info@reelingandhealing.org
 - Paying By Credit Card:** Visa MasterCard AMEX Discover
- Credit Card Number: _____ Exp Date: ____ / ____
 CVV2 Code (see right): _____



Signature of credit card holder: _____

If paying by credit card and the billing address is different than above, please provide:

Name: _____
 Street, _____
 City, State & Zip: _____
 Phone: _____ Email: _____



Participant Information & Waiver Form

Contact Information	
Name	
Street Address	
City, State & Zip Code	
Home Phone/Cell Phone	
Work Phone	
E-Mail Address	

Your Health	
Type of Cancer:	Year Diagnosed:
Cancer Treatment:	
Current Medications: Please list name, dosage, times taken per day (attach a separate list if needed)	
Do You Need Assistance with Medications? YES or NO	Need Refrigeration? YES or NO
List Any Allergies – Food or Medicine: Please list with reactions (attach a separate list if needed)	
Any Dietary Restrictions?	
Any General Restrictions or Special Needs?	

Form continued on next page.



Reeling & Healing Midwest



Physician Information:

Date of Last Appointment: _____

Name: _____ Name of Practice: _____

Full Address: _____

Phone: _____ Fax: _____

Fly Fishing

It is not required, but do you have any previous experience? Please describe:

Do you have your own equipment? YES or NO Will you need to borrow any equipment? YES or NO

If you need waders please list 1) Shoe Size _____ 2) Dress Size _____ and 3) Height _____

Other Notations

Birthdate: Month _____ Date _____ Year _____

Type of Sleeper: LIGHT _____ EARLY RISER _____ HEAVY _____ OTHER _____

Roommate Request: _____

Are You Interested in Carpooling? YES or NO

How did you learn about Reeling & Healing Midwest?

Emergency Contact Information – Please List Two

If we need to contact anyone on your behalf while you are attending the retreat.

Name 1

Street Address 1

City, State & Zip Code 1

Home Phone/Cell Phone 1

Work Phone 1

Name 2

Street Address 2

City, State & Zip Code 2

Home Phone/Cell Phone 2

Work Phone 2

Do you have a designated Power of Attorney? If yes please list.

Form continued on next page.



Reeling & Healing Midwest



Agreement and Signature

I have completed the above information and acknowledge it true. I acknowledge that I am a voluntary participant and I agree to assume responsibility for myself. I further agree to waive any claims against Reeling & Healing Midwest, its officers, employees, agents or volunteers resulting from any and all losses, damages, costs and expenses that are caused by or arise out of any act, omission, default, negligence or other misconduct by Reeling & Healing Midwest in connection with this participation.

I acknowledge that the Reeling & Healing Midwest volunteers are not providing medical or psychological diagnosis, treatment, opinions, referrals, guidance, assistance, or counseling for me specifically and that these volunteers are present for the purpose of facilitating involvement and not to provide professional services to group participants. I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that my emergency contact will be notified as soon as possible in case of an emergency. In the event they cannot be reached, I hereby authorize Reeling & Healing Midwest to acquire medical treatment for me.

I hereby grant to Reeling & Healing Midwest, its agent or assigns, my permission to use my first name, any and all pictures, photographs of or news stories about me for reproduction in any form but not limited to, advertising, illustration, television, or scientific publication.

Name (printed)	
Signature	
Date	

Submitting Form

One of the following methods may be used to return the completed form:

Fax: 480-247-4964

Scan/e-mail: info@FishOn.org or

Mail: Reeling & Healing Midwest
c/o Retreat Coordinator (Sero)
1400 N. State Pkwy, #8A, Chicago, IL 60610

info@ReelingandHealingMidwest.org

NOTE: Remember to also complete the Registration Form and the Health Release Form and forward with your fee and this form. All are required to confirm your attendance at a retreat.

A Volunteer Coordinator will contact you when they receive your form. When all documentation has been received, a Retreat Confirmation will be sent to you via email (or regular mail if no email is available).

If you have any questions concerning the forms or retreats, contact our Retreat Coordinator at 866-237-5725 or 616-855-4017 or send an email to info@FishOn.org.

We look forward to having you participate at the retreat!

FISH ON!



Health Release Form – New Participant Retreat

Retreat Information			
Retreat Date	/ /	Retreat Location	
Attendee Information			
Full Name			
Medications			
Allergies			
Physical Restrictions and/or Needs			
Physician Information			
Dear Physician,			
The patient named above has applied to attend a ___ One or ___ Two and one-half day retreat as a ___ Participant or ___ Volunteer. The retreat is conducted by Reeling & Healing Midwest, a non-profit organization that provides fly fishing wellness retreats for women recovering from cancer. Attendees are eligible to attend if physically capable to meet the criteria.			
Please complete, sign and return this form to the address or fax below. If you have any questions, phone 616-855-4017.			
I acknowledge the named patient is a reasonable candidate to participate/volunteer and meets the criteria checked below.			
Physician Signature		Date	/ /
Print Name & Title		Phone	
Address			
Physical Requirements and Signature			
Instruction for Participant or Volunteer: Please check the appropriate box below and initial.			
<p>___ PARTICIPANT - The retreat includes instruction in fly casting by trained instructors and discussions led by professional facilitators. Participants will need to tolerate at least one hour sitting or standing on level and unlevel ground, on land and in a stream. They must be able to ascend and descend 20 stairs at least three times daily and wade/walk in a stream with stability or assistance. Rest periods are encouraged when needed. The ability to verbally communicate needs is required. Dietary requests will be met if possible, when requests are made in advance.</p> <p>___ VOLUNTEER - A volunteer must tolerate sitting and standing for periods of one to two hours on level and unlevel ground, on dry land and in the stream. They must be capable of ascending and descending 20 steps more than ten times per day and lifting/moving supplies weighing between five to forty pounds. River guides must be able to securely assist and support an individual up to 150 lbs in the river, lift and cast a fly rod and have good verbal and non-verbal communication skills.</p>			
<input type="checkbox"/> OPT OUT: I acknowledge I am a reasonable candidate to participate as a participant or volunteer at a Reeling & Healing Midwest retreat and have opted to not obtain my physician's authorization.			
Attendee Signature		Date	/ /
Submitting Form			
One of the following methods may be used to return the completed form:			
Mail:	Reeling & Healing Midwest c/o Retreat Coordinator (Sero) 1400 N. State Pkwy, #8A, Chicago, IL 60610	Scan/e-mail:	info@FishOn.org or info@ReelingandHealingMidwest.org
		Fax:	480-247-4964