



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?	

Any Chronic Issues? (i.e. Diabetes, HBP, Afib or Other)

Form continued on next page



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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?

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

To fit you with a pair waders, please provide: Shoe Size _____ Dress Size _____ Height _____

Other Notations

Birthdate: Month _____ Date _____ Year _____

Type of Sleeper: LIGHT ___ EARLY RISER ___ HEAVY ___ SNORE ___ APNEA/MACHINE/OTHER _____

Roommate Request: _____

Are You Interested in Carpooling? YES or NO If YES, as a driver, passenger or either?

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 agree that the statements made on this application are true. I understand misrepresentation or omission of facts requested is cause for dismissal of my request as a Reeling & Healing participant. If appointed as a participant, I agree to adhere to the general policies and guidelines set forth by Reeling & Healing Midwest and to fulfill my participant responsibilities to the best of my ability.

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

Mail: Reeling & Healing Midwest

ATTN: Retreat Coordinator (C. Sero)

540 N. Dearborn St., P.O. Box 10469, Chicago, IL 60610-1027

NOTE: Remember to complete the required Registration Form and Health Release Form too. Submit them, along with this form and your retreat registration fee. All are required to confirm your attendance at a retreat.

A Volunteer Coordinator will contact you via email or phone when your ALL forms are received and reviewed. If you are approved to attend a retreat, a Retreat Confirmation will be sent to you via email (or regular mail if no email is available). If you are not approved to attend, you will receive notification and your registration monies will be returned.

If you have any questions concerning the forms or retreats, please send an email to info@FishOn.org or leave a voice mail for a Retreat Coordinator at 616-855-4017.

We look forward to having you participate at the retreat!

FISH ON!

2017