



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

2018 Michigan New Participant Retreat Registration Form

Contact Information

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

Choose Retreat to Attend

Participant	Volunteer	1 st Choice	Retreat Date / Description
	Early/Regular	Check One Box	
<input type="checkbox"/> \$30	<input type="checkbox"/> \$30 / \$35	<input type="checkbox"/>	July 15-17 – Gates Au Sable Lodge, Grayling MI (Sunday-Tuesday)
<input type="checkbox"/> \$30	<input type="checkbox"/> \$30 / \$35	<input type="checkbox"/>	August 5-7 – Gates Au Sable Lodge, Grayling MI (Sunday-Tuesday)
<input type="checkbox"/> \$30	<input type="checkbox"/> \$30 / \$35	<input type="checkbox"/>	August 12-14 – Gates Au Sable Lodge, Grayling MI (Sunday-Tuesday)
<input type="checkbox"/> \$30	<input type="checkbox"/> \$30 / \$35	<input type="checkbox"/>	August 26-28 – Gates Au Sable Lodge, Grayling MI (Sunday-Tuesday)
\$	\$	Total	

Which retreat date is your 2nd Choice? 3rd Choice? _____

Remember – Registration fee is due at time of retreat request and submission of completed Registration Packet.

Volunteers: Early Registration is available 30 days or more prior to retreat date. Please note your preference as a 2-1/2 Day or One Day-Only volunteer position for each retreat you would like to attend.

Registration Payment

Registration fee is payable by check (preferred) or credit card. Credit card payment is accepted by mail, fax, and phone or via PayPal. Credit card payment and receipt are processed via PayPal. Any questions? Please email info@reelingandhealing.org or leave a voice mail for Retreat Coordinator at 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: _____





New Participant Retreat - Volunteer Registration Guidelines

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

1. Be 18 years or older and satisfy or exceed the Health Release Form requirements for volunteering at a retreat (refer to Health Release Form).
2. Sign-up and participate on an individual basis. No spouse, significant other, caretaker, family member, friend, pet, etc., may attend the retreat with you in any capacity, or be at the retreat location for any portion of the retreat, or have lodging at the retreat location. No Exceptions.
3. Complete a six page Registration Packet consisting of:
 - Registration Guidelines (this page)
 - Volunteer Information Form (three pages)
 - Registration Form (one page)
 - Health Release Form (one page)
4. Return the Registration Packet with applicable Registration Fee.
5. Agree and understand that Reeling and Healing Midwest may exercise the right to deny attendance, restrict participation or may request your departure from a retreat at anytime.
6. Review and sign the following Registration & Cancellation Policy:

A completed Registration Packet and non-refundable Registration Fee are required to confirm your slot for a retreat. Your registration request will be reviewed and, if requirements are met and space is available, will be confirmed. Confirmation will be made by mail or email. Registration fees will be processed at time of attendance confirmation. Registration fees are non-refundable for confirmed registrations. Credit card guarantee required if registering within 14 days of a retreat. Normal credit card processing fees apply.

Volunteer types include: 2-1/2 Day Non-Fishing volunteer, 2-1/2 Day Fishing volunteer, and One-Day Non-Fishing or Fishing volunteer. Roles are assigned based on volunteer's skill set and availability. Ideally, volunteers are competent trout fly fishers and able to participate in land activities. Volunteer openings are limited and filled on a first come/first serve basis.

Reeling & Healing Midwest provides overnight accommodations for 2-1/2 Day volunteers only. Individuals are provided their own bed and share a room with fellow volunteers of the same gender. As housing is limited at retreat location, accommodations may be onsite or located off-premise. If other accommodations are preferred, volunteers may arrange their own at their own expense.

Volunteers must satisfy or exceed the physical requirements for the specific retreat location. Should physical capability change prior to a retreat, the volunteer must notify the Retreat Coordinator four or more days prior to retreat or risk forfeiting their retreat opportunity. Volunteers are responsible for purchase of a fishing license (if guiding) and transportation to the retreat location.

The Cancellation Policy exists due to pre-retreat expenses. Notice of cancellation by a Volunteer 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 cancellation fee of \$100 for cancellations made 3 days or less prior to the retreat's start date or for failure to attend.

I have read and understand the registration guidelines above.

Signature		Date	/	/
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Health Release Form – New Participant Retreat

Retreat Information

Retreat Date	/ /	Retreat Location	
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Attendee's Full Name:

Medications	
Allergies	
Chronic Issues (i.e. Diabetes, HBP, etc)	
Physical Restrictions and/or Needs	
Emergency Contact Name:	Phone:

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.

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 may be met if requests are made in advance.

VOLUNTEER - Volunteer must be able to ascend and descend 20 steps of stairs more than ten times per day, climb up and down an outdoor trail and river/stream bank, wade comfortably with stability for extended periods of time in a river or stream, capable of walking by self on even and uneven terrain, able to sit or stand for periods of time, lift and cast a fly rod, have good verbal and non-verbal communication skills, lift and move objects and boxes from 5lbs-40lbs through the duration of the retreat, and securely assist and, if guiding, support an individual of up to 165lbs in the river.

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. NOTE: RHM reserves right to request physician approval at any time.

Attendee Signature		Date	/ /
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Submitting Form

One of the following methods may be used to return the completed form:
Mail: Reeling & Healing Midwest
 c/o Retreat Coordinator (C. Sero)
 540 N. Dearborn St., P.O. Box 10469, Chicago, IL 60610-1027
Scan/e-mail: info@FishOn.org OR info@ReelingandHealing.org
Fax: 480-247-4964