



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 <sup>st</sup> 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)
\$	\$	<b>Total</b>	

Which retreat date is your 2<sup>nd</sup> Choice? 3<sup>rd</sup> 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](mailto: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](mailto: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 - 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 satisfies or exceeds the Health Release Form requirements (refer to Health Release Form for specific criteria).
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, or be at the retreat location for any portion of the retreat, or have lodging at the retreat location. No Exceptions (unless you bring Brad Pitt).
3. Complete a six page Registration Packet consisting of:
  - Registration Guidelines (this page)
  - Registration Form (one page)
  - Health Release Form (one page)
  - Participant Information Form (three pages)
4. Return the Registration Packet 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. This includes sending you home if you do not meet the criteria to participate.
6. Review and sign the following Registration & Cancellation Policy:

A completed Registration packet and \$30 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. 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. A credit card guarantee is required if registering within 14 days of a retreat. Normal credit card processing fees apply.

Registration Packets and retreat requests are taken on a first come/first serve basis.

Participants must meet or exceed the physical requirements for the specific retreat location.

Participant is responsible for purchase of a one-day fishing license (between \$10-\$12, depending on residency and age) and transportation to the retreat location. Carpooling is encouraged.

Reeling & Healing Midwest provides overnight accommodations for all participants. Each is provided their own bed in a double-occupancy room shared with a fellow participant.

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.

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



## 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



# 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?

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

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

**Fax:** 480-247-4964

**Scan/e-mail:** [info@FishOn.org](mailto: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](mailto: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