



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:

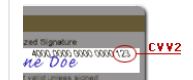
Name: _____

Street, _____

City, State & Zip: _____

Phone: _____ Email: _____

**Visa,
MasterCard
and Discover**



**American
Express**





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
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Volunteer Information & Waiver Form

Contact Information		
Name		
Street Address		
City, State & Zip Code		
Home Phone/Cell Phone		
Work Phone		
E-Mail Address		
Where to Help – Check all areas where you would like to contribute.		
<input type="checkbox"/> Fishing Volunteer	<input type="checkbox"/> Non-Fishing Volunteer	<input type="checkbox"/> One-Day Volunteer
<input type="checkbox"/> 2-1/2 Day Retreat	<input type="checkbox"/> Reunion Retreat	<input type="checkbox"/> Carpooling Participants
<input type="checkbox"/> Pre-Retreat Organizing	<input type="checkbox"/> Onsite Retreat Coordination	<input type="checkbox"/> Post-Retreat Organizing
<input type="checkbox"/> Grocery/Supply Shopping	<input type="checkbox"/> Equipment Coordination	<input type="checkbox"/> Equipment Maintenance
<input type="checkbox"/> Fly Fishing Instruction	<input type="checkbox"/> Entomology Instruction	<input type="checkbox"/> Knot Tying Instruction
<input type="checkbox"/> Participant Recruitment	<input type="checkbox"/> Volunteer Recruitment	<input type="checkbox"/> Other – Describe:
Skill Inventory – Circle or add relevant information where appropriate.		
Please note that lack of any skill(s) listed below does not disqualify you from volunteer opportunities.		
I AM...		
Y or N	Comfortable setting up your fly fishing equipment and fishing on your own?	
Y or N	Open to learning new fishing skills, enhancing your knowledge, or sharing your expertise with others?	
Y or N	Comfortable wading and navigating an unfamiliar river?	
Y or N	Capable of safely wading & shadowing a novice fly fisher and/or non-swimmer?	
Y or N	Currently certified in CPR, First Aid, Wilderness First Aid, Medical Profession, Food Sanitation, Social Work or other relevant area?	
I HAVE...		
Y or N	Studied the mechanics of fly casting through related books, videos, classes or workshops?	
Y or N	Received fly fishing instruction in any of these areas: On-stream Fly Presentation, River Ecology, Fly Tying or Catch & Release? <i>(circle relevant areas)</i>	
Y or N	Instructed others (outside of family members) in any aspect of fly fishing?	
Y or N	Prior corporate catering, event planning or hotel experience?	
I CAN...		
Y or N	Describe the life cycles of mayflies, caddisflies and stoneflies?	
Y or N	Demonstrate how to 1) Set-up a rod and reel; 2) Utilize a loop-to-loop; 3) Rebuild a leader?	
Y or N	Confidently tie a 1) Clinch knot; 2) Double Surgeon's knot; 3) Perfection Loop; 4) Nail knot	
Y or N	Describe how to 1) locate trout in a river and 2) describe a riffle, run and pool?	
Y or N	Explain 1) the difference between a dry fly, wet fly and streamer and 2) how to fish with them?	
Y or N	Confirm you meet or exceed the physical requirements detailed on the Health Form?	
Circle →	Describe your casting skill level/proficiency as: 1) Novice; 2) Comfortable in Most Situations; or 3) Self Described Expert.	



Reeling & Healing Midwest



Previous Volunteer Experience or Cancer Experience

Summarize your previous volunteer and/or cancer experience.

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 provide: Shoe Size_____ Hip Measurement_____ Height_____

Other Notations

Do you have any physical restrictions and/or special needs?

Do you have any allergies? Chronic health issues?

Are you presently taking any medications? If yes, please list:

Birth Date: Month_____ Date:_____

TYPE of Sleeper: LIGHT___ EARLY RISER___ HEAVY___ SNORE___ APNEA/MACHINE/OTHER_____

What was the date of the last Reeling & Healing Midwest retreat you attended?

Any other information for us to know?

Emergency Contact Information

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

Name	
Street Address	
City, State & Zip Code	
Home Phone	
Work Phone	



Reeling & Healing Midwest



Agreement and Signature

I have completed the above information and acknowledge it true. I acknowledge that if I volunteer, 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 agree that Reeling & Healing Midwest may conduct background checks or request other history as deemed necessary.

I acknowledge that the Reeling & Healing Midwest volunteers are not providing medical or psychological diagnosis, treatment, opinions, referrals, guidance, assistance, or counseling for any participants or me and that the volunteers are present for the purpose of facilitating involvement and not to provide professional services to group participants. I acknowledge that I am of good physical health and capable of participating in activities to the best of my abilities. I understand I am not required to participate in any activity that I am not comfortable performing. I understand that reasonable measures will be taken to safeguard the health and safety of all participants at any event 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 non-appointment as a Reeling & Healing volunteer. If appointed as a volunteer, I agree to adhere to the general policies and guidelines set forth by Reeling & Healing Midwest and to fulfill my volunteer responsibilities to the best of my ability. I understand this is a non-paid volunteer position.

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	

A Volunteer Coordinator will contact you when ALL your forms have been received. NOTE: To be accepted as a retreat volunteer, a completed Registration Form and Health Release Form are required as well as this one. All forms and your retreat registration fee are required to be considered as a volunteer and to confirm attendance for the retreat you have been authorized to attend.

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.

Thank you for completing this registration form and for your interest in volunteering with us.

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FISH ON!

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