



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!