



## Reunion Retreat Registration Guidelines

### **PARTICIPANT**

1. Required to have participated at one of our New Participant Retreats.

### **VOLUNTEER**

1. Knowledge of river and how to fish the species at retreat location.
2. Priority given to return volunteers, competent fly fishers and medical professionals.

### **PARTICIPANT & VOLUNTEER**

1. Be 18 years or older and physically capable of participating and/or volunteering at a retreat (refer to Health Release Form).
2. Attend the retreat as an individual. No spouse, significant other, caretaker, family member or friend (who are not participants or volunteers), pets, etc., may attend the retreat with you. No Exceptions (unless you bring Brad Pitt).
3. Complete Application – fill in all information and sign. Application consists of:
  - Registration Guidelines
  - Registration Form
  - Health Release Form
  - Participant or Volunteer Information Form \*\* Omit this step if you completed one within the past two years.
4. Return the Application with applicable Registration Fee.
5. Agree and understand that Reeling and Healing Midwest may exercise the right and responsibility to deny attendance, restrict participation or request your departure from a retreat at anytime.
6. Review and sign the following Registration & Cancellation Policy:

A completed Application and 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. Registration fees will be processed at time of attendance confirmation. Confirmation will be made by mail or email. Registration fees are non-refundable for confirmed registrations.

Applications are taken on a first come/first serve basis. If volunteering, there are three areas to help; Full-time land volunteer, Full-time land/river volunteer, and Day-time river volunteer (no overnight accommodations). Roles will be assigned based on volunteer's skill set and availability.

Please note individuals must meet or surpass the physical restrictions for the specific retreat location.

You are responsible for purchase of a fishing license (if fishing and/or guiding) and transportation to the retreat location. Carpooling is encouraged.

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

Credit card guarantee required if registering within 14 days of a retreat. Normal credit card processing fees apply.

I have read and understand the registration guidelines above.

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

## 2010 Mother's Day Reunion Retreat Registration Form

### Contact Information

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

### Choose Retreat to Attend

Participate	Volunteer	Retreat Date / Description
Early/Regular	Early/Regular	<b>May 7-9, 2010 Reunion Retreat</b>
<input type="checkbox"/> \$100/\$110	<input type="checkbox"/> \$100/\$110	Full Retreat – Includes 2 Nights Accommodations Registration includes two nights accommodation, use of waders and rod outfit, all meals, snacks, non-alcoholic beverages and amenities. Applies to participant and volunteer.
<input type="checkbox"/> \$50/\$60	<input type="checkbox"/> \$50/\$60	Full Retreat – Offsite Accommodations Registration is for individuals staying offsite who will be participating the entire weekend. Use of waders and rod outfit, all meals, snacks, non-alcoholic beverages and amenities included. Applies to participant and volunteer.
<input type="checkbox"/> \$40/\$50	<input type="checkbox"/> \$40/\$50	Saturday Only – No Accommodations Registration includes use of waders and rod outfit, all meals, snacks, non-alcoholic beverages and amenities. Applies to participant and volunteer.
	<input type="checkbox"/> No Charge	River Guide / Helper Only For Saturday only. No accommodations. Lunch will be provided.
<u>Note regarding Registration Fees for Reunion Retreats:</u> Early Registration is available 30 or more days prior to retreat date. Payment due to at time of reservation.		
<input type="checkbox"/> \$5	<input type="checkbox"/> \$5	Processing Fee for Credit Card Payments <u>Only</u>
\$	\$	<b>Total</b>

### Registration Payment Information

Registration fee is payable by check (preferred) or credit card. Credit card payment is accepted by mail, fax, and phone or online at [www.ReelingandHealingMidwest.org](http://www.ReelingandHealingMidwest.org). A \$5.00 processing fee will be added to all credit card payments. Credit card payment and receipt are processed via PayPal. Questions? Phone 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: \_\_\_\_ / \_\_\_\_

CV2 Code (see right): \_\_\_\_\_

Signature of credit card holder: \_\_\_\_\_

If paying by credit card and the billing address is different than above, please provide:

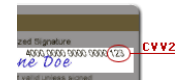
Name: \_\_\_\_\_

Street, \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Visa, MasterCard  
and Discover**



**American  
Express**





## Health Release Form – Reunion Retreat

### Retreat Information

Retreat Date	/ /	Retreat Location	
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### Retreat Attendee Information

Full Name of Participant/Volunteer	
Medications	
Allergies	
Physical Restrictions and/or Needs	

### 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** – Without assistance, participant must be able to ascend and descend stairs, 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, and capable of walking by self on even and uneven terrain. Participant will need to tolerate sitting or standing for periods of time, lift and cast a fly rod, and verbally communicate needs.

\_\_\_ **VOLUNTEER** - Volunteer must be able to ascend and descend stairs several 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 support an individual of up to 150lbs in the river (if guiding).

**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.

Attendee Signature		Date	/ /
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### Submitting Form

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

<b>Mail:</b> Reeling & Healing Midwest c/o Retreat Coordinator (Sero) 1400 N. State Pkwy, #8A, Chicago, IL 60610	<b>Scan/e-mail:</b> info@FishOn.org or info@ReelingandHealingMidwest.org  <b>Fax:</b> 480-247-4964
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