

**Iowa FCA's Annual Weekend of Champions
REGISTRATION FORM**

Name _____
 Address _____

 Phone _____
 Email _____

Gender:	M	F
_____ Student	_____ Huddle Leader	
_____ Adult/Child		

<p>STUDENT- \$40. (\$35 Early Bird Special before 3/15)</p> <p>Grade: _____</p> <p>School: _____</p> <p>Adult Huddle _____</p> <p>Leader (s): _____</p>

<p>ADULT/CHILD (Adult \$40/\$35 Early Bird before 3/15 — Child \$15.)</p> <p>School Affiliation: _____</p>
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<p>COLLEGE STUDENT-HUDDLE LEADER- \$15</p> <p>College Attending: _____</p>

Make checks payable to Marshalltown FCA.
 Register online or mail this registration form and payment to:
 Jan Sipe 1704 Olson Way Marshalltown, IA 50158
 785-764-6854 www.marshalltownfca.com

HEALTH RECORD AND CONSENT FOR TREATMENT FORM

Name: _____

Circle One: Middle School High School Huddle Leader Adult

Gender: M F

Parent or Guardian-- It is important that you complete the following health record. Your son/daughter must present this form at the time of registration.

- A. Does he/she have any known physical defect or illness that might interfere with his/her participation in strenuous activity? YES NO
- B. Does he/she have any severe allergies or reactions to drugs or medications? YES NO
- C. Is he/she presently taking any medication or on any special diet or exercise restrictions? YES NO
- D. Are there any emotional./social disabilities that we need to be aware of? YES NO
- E. Date of last TDD (Tetanus, Dip Tox, Booster) _____.

Student currently lives with:
 BOTH PARENTS ONE PARENT GUARDIAN OTHER

Expecting that the supervisors of the weekend will exercise reasonable care in overseeing the activities, I request and authorize the health personnel of the retreat to seek whatever medical care is necessary and advisable should an emergency arise which would require treatment for my son/daughter. I also recognize that pictures/video will be taken during the retreat and I give permission for pictures/video of my child to be used in FCA promotions and publications.

SIGNATURE: _____

Parent or Guardian _____ Date _____

Emergency Contact Number: _____