

Iowa's Annual Weekend of Champions
REGISTRATION FORM

Name _____
 Address _____

 Phone _____
 Email _____

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

STUDENT- \$40.
 (\$35. Early Bird Special)
 Grade: _____
 School: _____
 Adult Huddle _____
 Leader (s): _____

ADULT/CHILD
 (Adult \$40./\$35. Early Bird Special— Child \$15.)
 School Affiliation? _____

COLLEGE STUDENT-HUDDLE LEADER- \$15
 College Attending: _____

Make checks payable to Marshalltown FCA.
 Register online or mail this registration form and payment to:
 Jan Sipe 1704 Olson Way Marshalltown, IA 50158
 641-752-1272 www.marshalltownfca.com

HEALTH RECORD AND CONSENT FOR TREATMENT FORM

HS MS
 Name: _____ M F
 (Gender)

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.

SIGNATURE:

Parent or Guardian _____ Date _____