

**Iowa FCA'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 — Child \$15.)

School Affiliation: \_\_\_\_\_

**COLLEGE STUDENT-HUDDLE LEADER- \$15**

College Attending: \_\_\_\_\_

Make checks payable to Iowa 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: \_\_\_\_\_