

**Georgia District Circle K Fall Membership Retreat (FMR)**  
**The Georgia FFA/FCCLA Center, Covington, GA**  
**November 4<sup>th</sup> - 6<sup>th</sup> 2011**

PLEASE READ THESE INSTRUCTIONS before completing this form!

1. Use one registration form per attendee and please print clearly. Be sure to carefully read these instructions and complete the medical form on the other side of this registration form. All conference attendees are required to complete medical forms unless you are a Kiwanian.
2. All attendees will be housed in cluster cabins on double bunks, therefore listing preferred roommates is not required. *Sheets, pillows, blankets, towels, and toiletries are not provided.*
3. The registration fee for this event is \$85. This fee includes lodging, four meals, meeting space, conference activities, workshop materials, conference t-shirt, and recreational activities.
4. The registration deadline is **Tuesday, October 18, 2011**. **A completed registration packet will include this form, the medical form, and full payment.** Full payment must be made by the registration deadline or you will be subject to a **\$25 late fee and are not guaranteed a conference T-shirt.** **Registrations placed after October 18, 2011 are not guaranteed. Contact Assistant Administrator Anla Etheridge to check for availability. You must check for availability prior to arrival, if registration was late.**
5. Method of payment: We will accept personal/school checks and money orders (please do not send cash through the mail). **If your registration fee is not paid in full and postmarked by Tuesday, October 18, 2011, you will be subject to a \$25 late fee.** If submitting multiple registration forms and one form of payment in the same mailing, please include a cover note indicating the fees being paid for each registration enclosed. **Make checks payable to the Georgia District of Circle K Conferences and Conventions (GA CKI Con-Con). Mail payment with this completed form to FMR 2011, c/o Anla Etheridge 885 Navajo Trail, Covington, GA 30016. All requests concerning tax and vendor forms or payment directly from a school must be made prior to the deadline by contacting assistant administrator Anla Etheridge.**
6. *Cancellation requests must be made in writing or you will not receive a refund.* Cancellations made prior to **Tuesday, October 18, 2011** will be refunded in full. There will be a **\$50** deduction per registration for cancellations made between **October 18 and October 28, 2011** ***Cancellation requests postmarked on or after October 28, 2011 will not be honored.***
7. If you have questions, contact Assistant Administrator Anla Etheridge @ 678-982-3118 \* butterflyanla6318@gmail.com or District Fall Membership Retreat Chair Michael Werve @ 770-827-6128 \* [fmr@georgiacirclek.org](mailto:fmr@georgiacirclek.org)
8. **NO EMAIL REGISTRATIONS WILL BE ACCEPTED!**

**Check all boxes that apply to you:**

- |                                 |  |  |                                    |  |
|---------------------------------|--|--|------------------------------------|--|
| <input type="checkbox"/> Male   | <input type="checkbox"/> Circle K'er   | <input type="checkbox"/> Advisor/School Sponsor        | <input type="checkbox"/> Freshman  | <input type="checkbox"/> Senior                          |
| <input type="checkbox"/> Female | <input type="checkbox"/> Kiwanian      | <input type="checkbox"/> Parent/Family Member/Guest    | <input type="checkbox"/> Sophomore | <input type="checkbox"/> Graduate Student                |
|                                 | <input type="checkbox"/> Circle K Alum | <input type="checkbox"/> CKI Certified Workshop Leader | <input type="checkbox"/> Junior    | <input type="checkbox"/> Expected Graduation Date: _____ |

Check this box only if you do **NOT** want your address, phone number and e-mail address included on the FMR Friends and Family list which will be published after the event.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ E-Mail Address: (we will send the conformation email to this address)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Office Held (if applicable): \_\_\_\_\_

Circle K/Kiwanis Club: \_\_\_\_\_

**T-shirt Size:** Check the box next to the shirt size you want.

- Small     Medium     Large     X-Large     2X-Large     3X-Large

Do you have any special meal requirements? Yes  No

If yes, Please Explain: \_\_\_\_\_

## Medical Information Form

Please type or print. A completed medical information form is required for all Circle K members attending any event hosted by the Georgia District of Circle K International and is to be turned in at the convention registration desk. Please keep one copy of this form with you at all times during the convention.

Registrant's Name: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

### Person to be contacted in case of emergency:

### Alternate Contact:

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

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

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address/City/State/ZIP: \_\_\_\_\_

Name of Health Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

List any other pertinent information shown on insurance card: \_\_\_\_\_

List any medication you will be taking during the convention: \_\_\_\_\_

### Please Check Yes or No to the following items:

1. Have you ever been treated for: (If currently being treated, please indicate)

Y  N

Nervousness?

Y  N

High Blood Pressure?

Y  N

Any Mental Disorder?

Y  N

Severe or Frequent Headaches?

Y  N

Convulsions or Epilepsy?

Y  N

Asthma?

Y  N

Fainting Spells?

Y  N

Ulcers?

Y  N

Heart Condition?

Y  N

Diabetics?

Y  N

Rheumatic Fever?

Y  N

Allergic Reaction to Medications?

Y  N

Cancer or Tumor?

Y  N

Any other allergies or illnesses?

2. Please give details to "yes" answers to any of the questions above. Give dates of treatment, and names and addresses of attending physicians, hospitals and clinics. (Use additional sheets if necessary.) \_\_\_\_\_

3. Do you have any other physical limitations? \_\_\_\_\_

4. Do you have a disability requiring special arrangements? Yes  No  If yes, what special arrangements do you require? \_\_\_\_\_

**Please Read Carefully:** I hereby certify that the information given above is correct. In case of medical emergency, I understand every effort will be made to contact the person designated above. In the event that person cannot be reached, or time does not permit, I hereby give permission to a licensed physician to provide proper treatment, including hospitalization, immunization or injection, anesthesia or surgery. (If you are under the age of 18, your parent or legal guardian must sign this form.) **A real signature is required here (not typed)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_