

DUE 5/15/16

Organization of Triangles, Inc.  
Leadership Weekend July 8-10, 2016

Registration and Medical Form

Each Attendee must complete and return to their Jr. Deputy  
Registration \$75.00 Water Park TBD

Please fill in all spaces with requested information or "None" if non-applicable

PLEASE PRINT CLEARLY



Chapter	_____
Jr. Deputy	_____
Cabin	_____
Age	_____
Youth	_____
Adult	_____
Child/Toddler	_____

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Parent/Guardian Phone - Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

T-Shirt Size (child) S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ (adult) S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ 2XL \_\_\_ 3XL \_\_\_

Attendee will be attending Water Safari Water Park Saturday afternoon (circle) Y N

**MEDICAL RELEASE**

Any disease, condition, injury, physician limitations should be documented:  
\_\_\_\_\_

List all medications currently being taken, including dose, frequency and date and time of last dose taken.  
\_\_\_\_\_

**(PLEASE SEND ALL MEDICATIONS IN ORIGINAL PRESCRIPTION BOTTLE)**

Allergies \_\_\_\_\_

Permission to administer: Tylenol ( ) Y ( ) N    Ibuprofen ( ) Y ( ) N    Pepto Bismo ( ) Y ( ) N

Date of last tetanus \_\_\_\_\_    Dietary restrictions \_\_\_\_\_

In the event the above individual needs medical attention, I hereby consent to any medical or surgical care that is required.

Signature: \_\_\_\_\_ Date \_\_\_\_\_ Relationship \_\_\_\_\_  
(Parent/Guardian)

In the event you cannot be reached, please list a relative who can act as in case of an emergency

Name: \_\_\_\_\_ Phone (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Relationship: \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Policy Holder \_\_\_\_\_ Effective Date \_\_\_\_\_

**Please include a photocopy of both sides of your health insurance cards**

**NO REGISTRATIONS WILL BE ACCEPTED WITHOUT COMPLETED FORM INCLUDING MEDICAL INFORMATION**

**TO BE SIGNED BY ATTENDEE AND PARENT /GUARDIAN**

I, \_\_\_\_\_ have read and understand the following rules of the 2016 Leadership Weekend and will abide by them. Possession of tobacco, alcoholic beverages, firearms, controlled substances or any material deemed illegal by law is prohibited. No attendee may leave the premises at any time without permission of the State Director or her designee. Attendees will be in their cabins by assigned curfews and will be liable for any damage done to the campground. All attendees will comply with all rules and regulations set forth by the campground. Any individual who does not comply with these rules will forfeit all fees paid and be removed from the event. In the event it is necessary for an attendee to leave the weekend for any reason; health, injury or behavior, it is the responsibility of the parent/guardian to immediately come and get them.

Parent/Guardian Signature \_\_\_\_\_ Attendee Signature \_\_\_\_\_

**COMPLETE REGISTRATIONS DUE TO MRS. TURRI BY 5/15/16  
REGISTRATIONS RECEIVED BY 5/1 WILL RECEIVE A \$10.00 REFUND**

**Late and Incomplete Registrations will not be accepted**