

The Minnesota-Dakotas District of Circle K International

Fall Leadership Training Conference • October 7-9 2011

Camp Patterson, Mankato, MN

1. READ THESE INSTRUCTIONS before completing this form! PLEASE PRINT LEGIBLY!
2. Use one registration form per attendee. 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. You may want to make a copy of this form for your files.
3. **The registration must be postmarked by September 22, 2011.** A completed registration packet will include this form, the medical form, and full payment of **registration rate listed below per room request.**
4. Registration includes all meals (Friday night snacks through Sunday breakfast), workshop materials, lodging, other conference activities and materials, service project transportation, and a \$2 donation towards the ELIMINATE project. **The cost of registration (per attendee) is \$67.**
5. *Cancellation requests must be made in writing to the District Administrator and will be handled on a case by case basis.* Cancellations requests and refunds will not be decided upon until after the District Convention.
6. Method of payment: We will accept personal/school checks and money orders (please do not send cash through the mail).
7. **If your registration fee is not postmarked by September 22, 2011, you will be subject to a \$5 late fee.**
8. Make checks payable to the Minnesota-Dakotas District of Circle K. Mail payment with this completed form to

2011 FLTC
 c/o Jodi Piekarski
 20236 Little Crystal Springs Road
 Grand Rapids, MN 55744.

T-SHIRT SIZE _____

9. If you have any questions, please call District Governor Leah Burch at 763-742-6377 or District Administrator Matthew Schuweiler at 612-787-8432.

Check all boxes that apply to you:

- | | | | | |
|---------------------------------|--|-----------------------------------|---|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Circle K'er | <input type="checkbox"/> Kiwanian | <input type="checkbox"/> Kiwanis
Advisor | <input type="checkbox"/> Parent/Family
Member |
| <input type="checkbox"/> Female | <input type="checkbox"/> Circle K Alum | <input type="checkbox"/> K-Family | <input type="checkbox"/> Faculty Advisor | <input type="checkbox"/> Guest |

Last Name: _____ First Name: _____

Nickname: _____ E-Mail Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____ Office Held (if applicable): _____

Circle K/Kiwanis Club: _____

- Enclosed is my check made payable to Minn-Dak CKI for \$_____ (If check is for more than one registration attach a list with check stating registrants covered by check/money order.
- Enclosed is my Code of Conduct Form.
- Enclosed is my Medical Form.

Do you have any special meal requirements? Yes _____ No _____ Please Explain: _____

Medical Information Form

Please type or print. A completed medical information form is required for all participants attending Minn-Dak District Circle K events 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 Circle 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 | Severe or Frequent Headaches? |
| Y | N | Any Mental Disorder? | Y | N | Asthma? |
| Y | N | Convulsions or Epilepsy? | Y | N | Ulcers? |
| Y | N | Fainting Spells? | Y | N | Diabetics? |
| Y | N | Heart Condition? | Y | N | Allergic Reaction to |
| Y | N | Rheumatic Fever? | Medication? | | |
| Y | N | Cancer or Tumor? | Y | N | Any other allergies or illnesses? |
| Y | N | High Blood Pressure? | | | |

2. Do you have any other physical limitations? _____

3. Do you have a disability requiring special arrangements? Yes _____ No _____ If yes, what special arrangements do you require? _____

4. 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.) _____

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.)

Signature: _____ **Date:** _____



Minnesota-Dakotas Circle K CODE OF CONDUCT

The following Code of Conduct will be in effect during the Minn-Dak Circle K District Fall Leadership Training Conference, October 7-9, 2011 at Camp Patterson in Mankato, MN.

The following is the Code of Conduct as written in the International Policy Code, Section I: Conduct and will be in effect at all Circle K International conventions and events.

- a. No drugs of any nature, with the exception of prescribed medication, will be permitted in the possession of anyone in attendance.
- b. The Circle K International Sponsored Conventions and Events Alcohol Policy, prohibiting the possession, sale, and/or consumption of alcoholic beverages during any event or situation sponsored or promoted by Circle K, will be enforced at all times during the event.
- c. Sexual harassment is defined as behavior marked by aggressive or harassing remarks, unwanted physical contact or sexual advances, requests for sexual favors or other verbal or physical conduct of a sexual nature which is unsolicited and offensive to the individual or otherwise creates an intimidating, hostile or offensive environment.
Circle K International will not tolerate sexual harassment.
- d. There is no curfew hour; however, in consideration of others, Circle K members must be in rooms, with closed doors, by 1:30AM and gatherings must be contained within the room. Loud noises and disruptive behavior will not be tolerated.
- e. No campaign material will be allowed to be posted on any walls, windows, or doors. The candidate will be responsible should this occur.
- f. Room assignment changes must be made by Circle K International staff members or their associates.
- g. Smoking is prohibited at all general sessions, contests, workshops and caucuses. Individuals who wish to smoke must do so in the hallways and corridors as permitted.
- h. Care shall be taken not to deface or destroy any property. Any damages will be paid for by the individual responsible.
- i. All Circle K members are expected to conduct themselves as responsible, professional men and women and are required to attend all sessions and activities.
- j. Coat and tie for men and dresses, suits, skirts and blouses or other professional attire for women are required for those sessions indicated in the event program. Slacks and appropriate casual dress (excluding jeans, cut-offs and other similar apparel) is appropriate for other functions.
- k. Every attendee will respect the authority of the Director of Circle K International and the Sergeant-at-Arms Committee.
- l. Infractions of the code of conduct will be reported to the International Board of Trustees or the Director of Circle K International. Appropriate action will be taken for any infraction, including the dismissal of any attendee from the event at the expense of the individual.
- m. The code of conduct is in effect from the moment an attendee arrives at the event until the moment he or she departs.

I agree to abide by the Circle K International Convention Code of Conduct. I will respect the authority of the Sergeant-at-Arms Committee and understand infractions of the Convention Code of Conduct will be reported by the Committee to the International Board of Trustees and the Director of Circle K International. I understand that appropriate action will be taken for any infractions, including dismissal from the convention at my expense.

Printed Name

Signature

Date