



# Great Lakes Recreation Leaders Lab 2010 Registration Form

Visit our website at [www.greatlakesreclab.com](http://www.greatlakesreclab.com)

May 14 – 19, 2010

Lions Bear Lake Camp, Lapeer MI

Name \_\_\_\_\_

Address \_\_\_\_\_

State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Birth date \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy) Gender: \_\_\_\_\_

## Registration Fee:

### **Full Session:**

Full session runs from the evening of Friday May 14th to mid-morning Wednesday May 19th, 2010.

- Early bird (postmarked by April 1, 2010): \$295
- Regular (after April 1, 2010): \$325

### **Weekend Session:**

The weekend session runs from the evening of Friday May 14th to the evening of Sunday May 16th, 2010

- Early bird (postmarked by April 1, 2010): \$195
- Regular (after April 1, 2010): \$225

## Amount Enclosed (Please make checks out to GLRLL, in US Funds) (Check one):

I have included the following:

\_\_\_\_\_ Health & Safety / Media Release Form (this will enable us to make arrangements for any specific health related needs to make your experience at GLRLL the best one possible)

\_\_\_\_\_ Check for the following amount:

\_\_\_\_\_ \$75 Deposit (non refundable after April 25 with balance due upon arrival)

\_\_\_\_\_ Full Fee - Amt. \$ \_\_\_\_\_

\_\_\_\_\_ \$25 for Membership Only (includes notebook) If you would like to attend the Annual Meeting on Tuesday and have lunch, please add \$12 for your meal for a total of \$37).

\_\_\_\_\_ Please send me a Scholarship Application to this email address: \_\_\_\_\_

## Other important notes:

Would you like your post- registration information via (please check one):

\_\_\_\_\_ E-mail

\_\_\_\_\_ Postal service

**Please return this registration form and the Health & Safety/Media Release Form along with the check to:**

Great Lakes Recreation Leaders Lab

c/o Beverly Larsen

7614 Baker Highway

Adrian, MI 49221



# Great Lakes Recreation Leaders Lab Health & Safety / Media Release Form

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
(mm/dd/yyyy)

Emergency Contact Name \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Emergency Contact's Relationship to participant \_\_\_\_\_

**Important Information:** Please provide detailed information, for emergency awareness purposes, in the following categories. If you require more space, please attach an additional sheet.

Medication Allergies:	Food Allergies:	Other: (i.e. insect bites, etc.)
Dietary Restrictions:	Medication currently being taken:	Special health conditions:

To the best of my knowledge this GLRLL participant is in good health and is able to participate in all activities, except as previously noted.

I will notify the registrar if the participant is exposed to an infectious disease during the three weeks prior to the program.

In a medical emergency, I hereby give my permission for GLRLL representatives to contact the emergency contact listed above and to secure proper treatment for me.

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

If participant is under the age of 18, a parent/guardian's signature is required.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Great Lakes Recreation Leaders Lab – Media Release

I hereby give permission for pictures, or other forms of media of myself (or my child) to be taken and potentially used for news reporting and/or the promotion of the Great Lakes Recreation Leaders Lab. This media may be in print form and/or on the Great Lakes Recreation Leaders Lab website and/or social media sites.

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
(mm/dd/yyyy)

Exceptions requested: \_\_\_\_\_

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

If participant is under the age of 18, a parent/guardian's signature is required.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_