



STEPHEN HELWIG, MD18 LEO CHAIR

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2011 STATEWIDE LEO GATHERING/CONVENTION GEORGIA LIONS CAMP FOR THE BLIND WAYCROSS, GEORGIA MARCH 25-27, 2011

Individual Registration Form

I, _____, give my permission for me/my
(Please print full name)

son/daughter _____, to attend the Statewide LEO
Gathering and Conference on March 25-27, 2011.

If needed for health reasons. I give my permission for my child to be evaluated, diagnosed, treated, and/or given medication in accordance with the standard medical practice by licensed medical personnel. I relieve the Georgia Lions Camp, the Lions Clubs of Georgia (MD18), and its members of all responsibility and consequences that may arise as a result of an event at the Gathering requiring this treatment. I will not hold the above parties liable in the event of an injury. Further, I agree to accept any and all financial responsibility as a result of medical treatment.

Name of Attendee: _____

Birthdate: _____

Address: _____

e-mail address: _____

Home #: _____ Other contact #: _____

School grade/Position: _____

Officer Position (LEO or Lion): _____

Please check one of the following:

- Parent/chaperone LEO Lion Faculty Advisor Guest

Please list ALL dietary restrictions, allergies, and medical conditions:

Please list ALL medications (including over-the-counter) - with dosing schedule:

EMERGENCY CONTACTS (Please provide two or more if possible):

1) Name _____ 2) Name _____

Phone #'s: _____ Phone #'s: _____

Relationship to attendee: _____ Relationship to attendee: _____

PRIMARY CARE PHYSICIAN: _____

Contact #'s: _____

MEDICAL INSURANCE INFORMATION (Please attach copy of card to this form):

Insurance Company: _____

Policy Number: _____

I agree that I (and my child) will comply with all of the rules, regulations, and guidelines established for this Gathering.

LEO's Signature

Parent/Guardian Signature

Faculty Advisor Signature

Authorizing Lion/Other Signature

