

## OEC 2010 FALL WORKSHOP REGISTRATION

This form registers you for the 2010 Fall Emergency Care Workshop to be held in Amery WI Oct. 27-31, 2010.

**Cost: \$100 (early bird before 10/22) \$125 (after 10/22)**

Please complete all appropriate sections. Print legibly! Registration is **due Friday, Oct. 22, 2010**. Registration is not complete without form and your Medical Liability Release Form.

**RETURN TO: SLPHS OEC 1100 81<sup>st</sup> Ave. NE Spring Lake Park, MN 55432; or reply by email: [bneiss@district16.org](mailto:bneiss@district16.org)**

Student Leader (18-21)       General Staff       Instructional Staff

Name: \_\_\_\_\_ Age: \_\_\_\_\_  M  F      DOB: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Sponsor:       SLP OEC       Osseo OEC       Other \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Certification/Level of Training (check all that apply):

CPR     First Aid       First Responder       EMT – Level  B  I  D  P       Other \_\_\_\_\_

Arrival:       With the bus      or      Date: \_\_\_\_\_ Time: \_\_\_\_\_

Departure       with the bus      or      Date: \_\_\_\_\_ Time: \_\_\_\_\_

Notes regarding arrival and/or departure:

Parent's signature

(If participant is under 21): \_\_\_\_\_ Date: \_\_\_\_\_

Participants signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Registration is not complete until you have paid in full**

**Office use only:** Registration Form \_\_\_\_\_ Medical Liability Release Form \_\_\_\_\_ Pd in Full \_\_\_\_\_

# OPPORTUNITIES IN EMERGENCY CARE

## Medical Liability Release Form

**Directions:** Due to legal restrictions, it is necessary that all students, parents/guardians, graduates, and staff complete this form as a pre-requisite for eligibility to participate in an OEC sponsored activity. **Please type or print.**

Activity: Fall OEC EMS Workshop Date: Oct. 27-31, 2010

Location: Lake Wapogasset Amery, WI

Participant Name+ Parent/Guardian's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Parent's Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Please completely describe any medical condition(s) which may recur or be a factor in medical treatment.

a: Allergies \_\_\_\_\_ e: Physical disability \_\_\_\_\_

b: Convulsions \_\_\_\_\_ f: Medicine reactions \_\_\_\_\_

c: Blackouts \_\_\_\_\_ g: Disease of any kind \_\_\_\_\_

d: Heart/lung problems \_\_\_\_\_ h: Other (be specific) \_\_\_\_\_

If currently taking Medication, please provide the following information:

Name of Medication(s): \_\_\_\_\_

**Liability Release:** I certify that the information described above is accurate and complete to the best of my knowledge. I understand that each individual is responsible for his/her own insurance coverage and medical expenses incurred on this trip. I hereby release Independent School District 16, any other participating school districts, Opportunities in Emergency Care Program (OEC), and any designated individual in charge of the OEC sponsored activity from any legal or financial responsibility with respect to my personal or my child's participation in (or contact with) any known element associated with an activity including competitive events.

In the unlikely event that \_\_\_\_\_ is injured or ill, I give Bill Neiss or a member of the OEC staff permission to seek treatment and medical care at the nearest medical facility. I understand that I will be notified as soon as possible in the event of any illness or injury.

Parent's signature (if participant is under 21): \_\_\_\_\_

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_