

Family Weekend Program Registration Form

Please write in block letters

One registration form per person. Please photocopy if more are needed.

Ms. Mrs. Miss. Mr. Dr.

Last name: _____ First name: _____ Initials: _____

Organization name: _____

Mailing Address: _____

City: _____ Prov/State: _____ Postal Code: _____

Daytime phone: _____ Fax: _____

Email: _____

Name of Family Member/Partner/Spouse participating at GSWC:

Where did you hear about this program?

Physician/Therapist Website Family Member Friend/Co-worker Other

Medical Information

Please indicate any of the following that may apply to you or someone in your group:

Food allergies: Yes No Other allergies: Yes No

Diabetes: Yes No Seizure Disorder: Yes No

Heart Condition: Yes No

Please describe: _____

Are you able to walk, feed, dress and care for yourself independently? Yes No

Miscellaneous

Please note that participants are required to refrain from use of any alcohol or drugs during participation in the Family Weekend.

Tuition Fees

There is no charge for the Family Weekend. Participants are provided free program literature, continental breakfasts, lunches, and refreshment breaks. All participants must be pre-registered by 4:30 PM Pacific Standard Time zone on the Tuesday prior to commencement.

Program dates

Please call 604.487.9050 ext. 205 to confirm the dates of the next program, list requested dates below.

Start Date, Friday _____
Month Day of Month

End Date, Sunday _____
Month Day of Month

End Date, Monday _____
Month Day of Month

Today's Date _____
Month Day of Month

Program location

Select the location at which you wish to participate in the Family Weekend.

Powell River

Calgary

Couples Day

I will be participating in the Couples Day.*

* The Couples Day is available to Family Weekend participants that currently have a partner/spouse in GSWC's Program. The Couples Day is offered Monday morning following completion of the Family Weekend and is subject to facilitator availability and sufficient enrollment.