

**River Valleys Alumnae Association Fall Weekend 2021
Registration Form**

Name _____

Address _____

City _____ State _____ Zip _____

Phone: Home () _____ Cell () _____

Email address _____

Are you willing to drive your vehicle? Yes No

How many people plus gear can you take? _____

People you know that are going that you would like to ride with _____

People you know that are going that you would like to share hotel with _____

Mail forms and payment (check payable to RVAA) to:
Mary Selby, 1404 Albemarle St., St. Paul, MN 55117
By Saturday, September 25, 2021

Fee based on 2 people per room

_____ Weekend fee \$180 (final payment due by September 25)

Health History / Information Sheet

Name _____

Home Address _____

Home Phone (____) _____ Date of Birth (mo/yr) _____

In the event of an emergency, please call: (name/relationship) _____

Phone (home) (____) _____ (cell) (____) _____

Address _____

Health History

Physician Name _____

Office Phone (____) _____ Date of last health exam (mo/yr) _____

Insurance Carrier _____ Policy Number _____

Illness and Injuries (check those that apply): asthma measles (3 day) ear infection
 mumps diabetes convulsions measles (2 weeks) heart disease kidney disease

Date of last tetanus shot (mo/yr) _____ Immunizations up to date (circle) yes no

Are you currently under a physician's care or dealing with an on-going medical issue (physical/emotion/ psychological)? yes no If yes, please explain. Be sure to include any medication taken on a regular or as needed basis.

Allergies (check those that apply and give specifics):

Animals (specify) _____ Insect stings (specify) _____

Plants (specify) _____ Hay fever (specify) _____

Penicillin _____ Pollen (specify) _____

Food _____ Other drugs (specify) _____

Other _____

Please note any dietary restrictions (include food allergies)

I give my permission for the adult in charge to obtain emergency medical treatment for me at area hospitals/medical centers.

Signature