



# THE WHIRLING RAINBOW FOUNDATION

Po Box 1111 Homer, Alaska 99603    907-745-5636 ph/fax    www.whirlingrainbow.com

## REGISTRATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

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

Occupation \_\_\_\_\_

NAME ON YOUR PASSPORT: \_\_\_\_\_

PASSPORT NUMBER# \_\_\_\_\_

Nationality \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

What program are your registering for? \_\_\_\_\_

Have you attended other programs of ours before? If so which \_\_\_\_\_

What do you want to gain in your experience with us? \_\_\_\_\_

What do you feel you have to share? \_\_\_\_\_

Do you have any special talents, (sing, dance, play an instrument, tell stories, write, act, give great massages etc) Let us know!

**Please circle the areas of greatest interest:**

- |   |                           |                    |
|---|---------------------------|--------------------|
| Drum Making, Rattles and Ceremonial Art | Sacred Geometry           | Soul Retrieval     |
| Earth Healing Activations               | Rites of Passage Ceremony | Crystal Healing    |
| Native Medicine Wheel Teachings         | Art of Manifestation      | Plant Medicines    |
| Sound Healing and Toning                | Essential Oils            | Breath Meditations |
| Wisdomkeeper Prophecies and Origins     | Light and Color Therapies | Charkra Balancing  |
| Shamanic Journeying                     | Energybodywork            | Higher Purpose     |

**MEDICAL INFORMATION FORM**

The Whirling Rainbow Foundation wishes to be assured of the participant's physical condition to endure possible stresses associated with wilderness travel and the nature of spiritual healing ceremonies. Please answer the following questions completely and honestly. Many participants with a variety of health condition successfully complete our programs.

Name: \_\_\_\_\_ Age \_\_\_\_\_

Trip \_\_\_\_\_ Dates \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Do you have any health conditions (e.g. allergies, chronic conditions, past traumas) or special circumstances which may affect program participation or that we should know prior to emergency treatment?

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Are you currently under a doctors care? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_

Are you currently taking any medications? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_

Are you allergic to any medications? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_

**Do you have or have you ever had:**

**Heart Attack**

**Epilepsy**

**High Blood Pressure**

**Diabetes**

**Asthma**

**Dislocations/ breaks/ sprains**

**Emotional or Mental Trauma or Illness**

If yes, please explain: \_\_\_\_\_

**Do you feel physically and emotionally capable of completing the Whirling Rainbow Foundation Program?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

**FOOD: About our program Menus:**

**Our menus consist of whole and sprouted grain, organic meals, vegetarian, fish and chicken, low salt and low sugar. Fresh foods are used as often as possible. To help us in planning, please answer the following:**

**Do you have any special dietary requirements or allergies to any foods?**

**EMERGENCY CONTACT Person to contact in case of emergency** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Friend or relative you have given details of your travel plans:** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Please give your health insurance carrier and policy number:** \_\_\_\_\_

**Name** \_\_\_\_\_ **Policy#** \_\_\_\_\_

**Travel Insurance:**

**You may choose to have trip cancellations insurance to protect against the unexpected need to cancel your reservation at a late date. You may also choose to get insurance coverage for expenses caused by accidents in, and evacuations from remote areas. Trip insurance may be purchased from your travel agent.**