



THE WHIRLING RAINBOW FOUNDATION

Po Box 2822 Palmer, Alaska 99645 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?

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.

