



Southwest CKI District Large Scale Service Project 2011

DLSSP: Cooking Up Some Service!

January 14-16, 2010 ~ Albuquerque, New Mexico

Name: _____ Shirt Size: _____

School: _____ District: _____

Office (President, Committee Chair, Member, ETC.): _____

Phone: _____ Email: _____

Special Dietary Needs: _____

Mail completed registration form, code of conduct, medical form, and \$40
Registration Fee to:

Ron Smith

15710 East Mustang Drive

Fountain Hills, AZ 85268

Make checks payable to: **Southwest District CKI**

Postmark deadline: **December 31st**

After December 31st, please contact Governor Michelle Wong at
mwongcki@gmail.com to register. Please note that a \$10 late registration fee will
apply.



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Code of Conduct for Southwest District Fall Rally 2010

The following is the Code of Conduct as written in the International Policy Code, Section I: Conduct, and will be in effect at all CKI conventions and events.

- a. No drugs of any nature, with the exception of prescribed medication, will be permitted in the possession of anyone in attendance.
- b. The Circle K International Sponsored Conventions and Events Alcohol Policy, prohibiting the possession, sale, and/or consumption of alcoholic beverages during any event or situation sponsored or promoted by Circle K, will be enforced at all times during the event.
- c. Sexual harassment is defined as behavior marked by aggressive or harassing remarks, unwanted physical contact or sexual advances, requests for sexual favors or other verbal or physical conduct of a sexual nature which is unsolicited and offensive to the individual or otherwise creates an intimidating, hostile or offensive environment. Circle K International will not tolerate sexual harassment.
- f. Smoking is prohibited at all general sessions. Individuals who wish to smoke must do so in the outside as permitted by the facility.
- g. Care shall be taken not to deface or destroy any property. Any damages will be paid for by the individual responsible.
- h. All Circle K members are expected to conduct themselves as responsible, professional men and women and are required to attend all sessions and activities.
- j. Every attendee will respect the authority of the District Administrator of Circle K International and the District Board.
- k. Infractions of the code of conduct will be reported to the District Board or the District Administrator of Circle K International. Appropriate action will be taken for any infraction, including the dismissal of any attendee from the event at the expense of the individual.
- l. The code of conduct is in effect from the moment an attendee arrives at the event until the moment he or she departs.

I agree to abide by the Circle K International Code of Conduct. I will respect the authority of the Circle K International District Administrator and understand infractions of the Code of Conduct will be reported by to the District Administrator of Circle K International. I understand that appropriate action will be taken for any infractions, including dismissal from the convention at my expense.

Printed Name, Signature, & Date



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Medical Information Form

Please type or print. A completed medical information form is required for all participants attending Circle K events and is to be turned in at the registration desk.

Member information:

Name: _____ Height: _____ Weight: _____ Sex: _____
Address: _____
Date of Birth: _____ Age: _____ CKI Club of: _____

Person to be contacted in case of emergency:

Name _____ Relationship _____
Home Phone: _____ Cell/Work Phone: _____

Medical information:

Name of Doctor: _____ Phone Number: _____
Address: _____
Name of Health Insurance Co.: _____ Policy #: _____

List any other pertinent information shown on insurance card: _____

List any medication you will be taking during the convention: _____

Have you ever been treated for: (If currently being treated, please indicate Y or N)

- | | |
|----------------------------------|---|
| A. Nervousness _____ | H. High Blood Pressure _____ |
| B. Any Mental Disorder _____ | I. Severe or Frequent Headaches _____ |
| C. Convulsions or Epilepsy _____ | J. Asthma _____ |
| D. Fainting Spells _____ | K. Ulcers _____ |
| E. Heart Condition _____ | L. Diabetes _____ |
| F. Rheumatic Fever _____ | M. Allergies to Medication _____ |
| G. Cancer or Tumor _____ | N. Any Other Allergies or Illnesses _____ |

Do you have any other physical limitations? _____

Do you have a disability requiring special arrangements? Yes _____ No _____

If yes, what special arrangements do you require?

Please give details to "yes" answers to any of the questions above. Give dates of treatment, and names and addresses of attending physicians, hospitals and clinics. (Use reverse side if needed.)



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Please Read Carefully:

I hereby certify that the information given above is correct. In case of medical emergency, I understand every effort will be made to contact the person designated above. In the event that person cannot be reached, or time does not permit, I hereby give permission to a licensed physician to provide proper treatment, including hospitalization, immunization or injection, anesthesia or surgery. (If you are under the age of 18, your parent or legal guardian must sign this form.)

Signature: _____ Date: _____