

# K-FAMILY Winter Wonderland Charity Ball Registration

7-10 PM January 15, 2011 Albuquerque, New Mexico

*The Southwest District of Circle K International would like to cordially invite you to our very first K-family Winter Wonderland Charity Ball on January 15, 2011 from 7 P.M. to 10 P.M at the University of New Mexico Ball Room:  
1 University Blvd.  
Albuquerque, NM 87131*

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

You are a (please circle one of the following):

CKI member      Key Club member      Kiwanian      Not in the Kiwanis Family

If you are a CKler/Key Clubber/Kiwanian, which club do you belong to:

Please e-mail your RSVP to Erin Lin at winterwonderland2011@gmail.com by **January 10, 2011**. Also, please mail completed registration form, code of conduct, medical form, and **\$12** Registration Fee to:

**Ron Smith 15710  
East Mustang Drive Fountain Hills, AZ 85268**

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

Postmark deadline: **January 10, 2011**

After January 10, please contact Erin Lin at winterwonderland2011@gmail.com to register. Please note that the admission will be \$15.

**Code of Conduct for Southwest District Kiwanis Family Winter  
Wonderland Charity Ball 2011  
January 15, 2011 Albuquerque, New Mexico**

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: \_\_\_\_\_