



# THE WHIRLING RAINBOW FOUNDATION

Po Box 2822 Palmer, Alaska 99645    907-745-5636 ph/fax    www.whirlingrainbow.com

## REGISTRATION FORM

Name \_\_\_\_\_

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

Home Pnone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Occupation \_\_\_\_\_

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

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

What go 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  
Earth Healing Activations  
Native Medicine Wheel Teachings  
Sound Healing and Toning  
Wisdomkeeper Prophecies and Origins  
Shamanic Journeying

Sacred Geometry  
Rites of Passage Ceremony  
Art of Manifestation  
Essential Oils  
Light and Color Therapies  
Energybodywork

Soul Retrieval  
Crystal Healing  
Plant Medicines  
Breath Meditations  
Charkra Balancing  
Higher Purpose

**MEDICAL INFORMATION FORM**

The Whirling Rainbow Foundation wishes to be assured of the participants 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: \_\_\_\_\_

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

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

**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?**

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**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#** \_\_\_\_\_

**Flight Details**

**Name/s** \_\_\_\_\_

**Departure Date:** \_\_\_\_\_

**Departure Flight:** \_\_\_\_\_

**Departure Time:** \_\_\_\_\_

**Departure Airlines** \_\_\_\_\_

**Arrival Date:** \_\_\_\_\_

**Arrival Flight:** \_\_\_\_\_

**Arrival Time:** \_\_\_\_\_

**Arrival Airlines** \_\_\_\_\_

**Departure Date:** \_\_\_\_\_

**Departure Flight:** \_\_\_\_\_

**Departure Time:** \_\_\_\_\_

**Departure Airlines** \_\_\_\_\_

**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.**

