

Medical Information Form

Please type or print. A completed medical information form is required for all participants attending New Jersey District Circle K events and is to be turned in at the convention registration desk. Please keep one copy of this form with you at all times during the convention.

Registrant's Name: _____ Height: _____ Weight: _____ Sex: _____

Address: _____

City: _____ State: _____ ZIP: _____

Country: _____ Date of Birth: ____ / ____ / ____ Age: _____

Person to be contacted in case of emergency:

Alternate Contact:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Home Phone: (____) _____ Home Phone: (____) _____

Work Phone: (____) _____ Work Phone: (____) _____

Name of Doctor: _____ Phone Number: (____) _____

Address/City/State/ZIP: _____

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: _____

Please Check the following items:

1. Have you ever been treated for: (If currently being treated, please indicate:

- Nervousness?
- Any Mental Disorder?
- Convulsions or Epilepsy?
- Fainting Spells?
- Heart Condition?
- Rheumatic Fever?
- Cancer or Tumor?
- High Blood Pressure?
- Severe or Frequent Headaches?
- Asthma?
- Ulcers?
- Diabetes?
- Allergic Reaction to Medication?
- Any other allergies or illness

2. Do you have any other physical limitations? _____

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

If yes, what special arrangements do you require?

4. 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 additional sheets if necessary.)

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: _____

New Jersey District of CKI District Convention CODE OF CONDUCT

The New Jersey CKI Board hopes that every delegate, participant, and guest will fully enjoy the New Jersey District of CKI Convention. The following Code of Conduct will be in effect during the Convention.

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 CKI, 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.
- d. There is no curfew hour; however, in consideration of others, CKI members must respect quiet hours when gathering near other hotel guests after 11 p.m.
- e. No campaign material will be allowed to be posted on any walls, windows, or doors in the hotel facility. The candidate will be responsible for restoring all surfaces to their original state should this occur.
- f. Smoking is prohibited inside the hotel. Anyone wishing to smoke must respect the personal space of nonsmokers at all events, including the picnic.
- g. Care shall be taken not to deface or destroy any property. Any damages will be paid for by the individual responsible.
- h. All CKI members are expected to conduct themselves as responsible, professional men and women and are required to attend all sessions and activities.
- i. Coat and tie for men and dresses, suits, skirts and blouses or other professional attire for women are required for those sessions indicated in the event program book. Slacks and appropriate casual dress is applicable for other functions.
- j. Every attendee will respect the authority of the Governor, Administrator, and Assistant Administrators of the New Jersey District of CKI.
- k. Infractions of the code of conduct will be reported to the District Board and the District Administrator of New Jersey CKI. 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 New Jersey District of Circle K International Convention Code of Conduct. I will respect the authority of the NJCKI District Governor, District Administrator, and Assistant Administrators and understand infractions of the Convention Code of Conduct will be reported to the New Jersey CKI District Board and the District Administrator. I understand that appropriate action will be taken for any infractions, including dismissal from the convention at my expense.

Printed Name

Signature

Date