



Cwrs Cymraeg 2018 Registration Form

Personal Information

First Name _____

Last Name _____

Street Address or P.O. Box _____

City _____

State or Province _____

Zip Code or Postal Code _____

Country _____

Email address for emails from Cwrs Cymraeg _____

Primary Telephone Number _____

Secondary Telephone Number _____

Name as you want it to appear on name tag and roster:

Residence Type (circle one):

Resident adult *Resident student* *Commuter adult* *Commuter student* *Tag along*

Upgrade to a single room? Yes No

If there is someone with whom you wish to share an apartment, please give us their name:

Do you smoke? Yes No

Health and Medical Information

Describe any special needs or requirements you may have: _____

Please list any special dietary needs or restrictions (e.g., diabetic, vegetarian, etc.):

Allergies and medications:

- I have no allergies or medications that Cymdeithas Madog would need to know about in case of an emergency
- I will mail the Registrar a list of my allergies and medications
- I will provide a list of my allergies and medications at check in
- I am listing my allergies and medications below

List allergies (and severity), medications (dosages), medical conditions:

Cymdeithas Madog Fitness Policy: Cymdeithas Madog will do what they can to accommodate the physical limitations of course participants, but we can assume no responsibility in the event that we are unable to do so. Participants must assume the responsibility for determining whether they are physically and medically able to participate. Participants must also assume responsibility for medical conditions that could result in medical emergencies while they are at the course.

Select "yes" to indicate you have read and understand the Cymdeithas Madog Fitness Policy and are physically fit to participate in the Cwrs: Yes No

Emergency Contact Information

Next of kin or other person to be contacted in the event of an emergency:

Relationship to you (daughter, friend, etc.): _____

Contact's primary telephone number: _____

Other phone number for contact: _____

Contact person's address: _____

Primary e mail address of contact person: _____

Alternate e mail address of contact person: _____

Please give us any additional information that may help us contact or work with this person: _____

Please mail your completed form along with your deposit of \$100.00 (payable to Cwrs Cymraeg 2018) to:

**Timothy Doughty, Registrar
350 NW 54th Street
Oakland Park, FL 33309 USA
Registrar@madog.org**