



Workshop: Sat., Oct. 29, 2011
Shirley, MA

Hunt: Sat., Dec. 3, 2011
Devens RFTA, MA

Deer Hunting Workshop



Photo by Bill Byrne, DFW

Presented by: **MA Division of Fisheries & Wildlife** in conjunction with
Shirley Rod & Gun Club and Devens Reserve Forces Training Area

**Please note that this is a two-part program.
Priority will be given to *new hunters and first-time participants.***

- ⊙ No previous hunting experience required. First Timers **must** take the seminar segment.
- ⊙ Participants **must** have a shotgun and a valid 2011 Massachusetts hunting license.

**Thank you to the following organizations which co-sponsor
Becoming an Outdoors-Woman in Massachusetts!**

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Visit Us at... http://www.mass.gov/dfwele/dfw/education/bow/bow_home.htm
or Call: (508) 389-6300

Deer Hunting Workshop

Shirley Rod & Gun Club • Saturday, October 29, 2011
Devens RFTA, MA • Saturday, December 3, 2011
Seminar: \$25.⁰⁰ • Hunt: \$55.⁰⁰ • Combo: \$70.⁰⁰

This is a two-part workshop. You may sign up for Part A only, Part B only, or for the Combination Seminar and Hunt.

If you have any questions, please call (508) 389-6300.

Please complete and return **Registration & Other Forms** (pgs. 3-7) promptly!

Part A: SEMINAR **Cost: \$25** **Limit: None**

Saturday, October 29, from 9 AM - 4 PM

The seminar will provide information on deer ecology, deer behavior and Massachusetts' deer management. It will provide an overview of deer hunting strategies and allow you to select the type of hunting that is right for you. It will also provide an opportunity to check your hunting gear and to sight in your shotgun with expert assistance. If you have not hunted deer before or have minimal experience, you need this seminar. If you have not previously hunted deer with this program on the Devens RFT Area, you **must** take this seminar. If you have taken the seminar in the past three years, the seminar can be waived. (Cost includes instruction, materials and lunch.)

Part B: DEER HUNT **Cost: \$55** **Limit: 20 participants**

Saturday, December 3

Participants must have a valid 2011 Massachusetts Hunting or Sporting license. An antlerless deer permit for Zone 9 is not essential, but useful. You will need a shotgun with which you have practiced. We will be shooting deer slugs only. You will also need warm clothes that can be layered and a comfortable pair of hiking/hunting boots. Additional information will be sent to registrants. (Cost includes guide service, field assistance and a light lunch and dinner.)

COMBINATION Seminar and Hunt **Cost: \$70**

ACT NOW! REGISTRATION IS LIMITED!

No Refunds after October 21 (Seminar) and November 23 (Hunt), 2011

Scholarship Assistance Available • Need More Information? 508-389-6300

Becoming an Outdoorswoman / MSC

Massachusetts Division of Fisheries & Wildlife Field Headquarters, Westborough, MA 01581

Simply Print, Fill In and Return the Registration, Medical, Photo Release and Liability Forms to the address below!

Deer Hunting Workshop

Registration Coupon

Yes! Count me in for the Deer Hunting Workshop, October 29 & December 3, 2011.
(Prices include instruction, materials, meals)

- Check One: **PART A** – Seminar: **\$25**
 PART B – Hunt: **\$55**
 COMBINED Seminar and Hunt: **\$70**

Name _____ Daytime telephone # _____

Address _____

Town _____ State _____ Zip _____

e-mail address _____ Cellphone # _____

Number of years of hunting experience: _____ Is this your first B.O.W. hunt? _____

2011 Hunting License #: _____

Make and gauge of the shotgun you will use: _____

Do you have an Antlerless Deer Permit for Zone 9? Yes No

Will you be staying for dinner/wrap-up (at 5:00) Yes No

Telephone number or e-Mail address at which you can be reached on Friday PM/evening
in case of scheduling change: _____



Special Needs: *If you have a disability, medical condition or special diet requirements, please indicate them with your registration. We will do our best to accomodate your needs. For more information, call (508) 389-6300.*

No Refunds after October 21 (Seminar) and November 23 (Hunt), 2011

Becoming an Outdoorswoman / MSC

Mail completed form and check to:
Becoming an Outdoorswoman,

Massachusetts Division of Fisheries & Wildlife Field Headquarters, Westborough, MA 01581



MEDICAL HISTORY QUESTIONNAIRE

ALL INFORMATION WILL BE HELD CONFIDENTIAL

Name _____

Date of Birth _____ Sex _____

Address _____

City/State/Zip: _____

Medical Ins. Co.: _____ Policy#: _____

Emergency Contact: _____ Phone: _____

Physician: _____ Phone: _____

NOTE: Please check "yes" or "no" and provide additional details where required.

1. Are you allergic to any medications? No__ Yes__ List : _____

2. Any other allergies (foods, insects, seasonal) No__ Yes__ List: _____

3. Are you currently taking any medication?
(include any OTC medication) No__ Yes__ List Medication: _____

4. Do you have, or have you ever had the following:

Hay Fever: No__ Yes__

Fainting Spells: No__ Yes__

High Blood Pressure: No__ Yes__

Diabetes: No__ Yes__

Asthma: No__ Yes__ List Medication: _____

Seizures: No__ Yes__

Heart disease: No__ Yes__

Lung disease (emphysema, etc.): No__ Yes__

Liver disease (mononucleosis, etc.): No__ Yes__

Hepatitis: No__ Yes__

Urinary infection: No__ Yes__

5. Have you ever had a hernia or rupture? No__ Yes__

6. Have you ever had a concussion or head injury? No__ Yes__ List Medication: _____

7. Date of last tetanus inoculation _____ exact date needed (must be within 10 years)

(This is required and must be filled in)

**THIS MEDICAL HISTORY QUESTIONNAIRE IS CORRECT AND
COMPLETE TO THE BEST OF MY KNOWLEDGE**

Signature of Participant _____ Date _____

EMERGENCY MEDICAL AUTHORIZATION

The attached health history is correct to the best of my knowledge, and I am able to engage in all activities, except as specifically noted by me and a physician. In the event of an emergency, I hereby give permission to a physician to hospitalize, secure proper anesthesia, or to order injection or surgery, or other medical procedures required in an emergency situation.

I give consent for the Massachusetts Division of Fisheries & Wildlife (hereinafter MDFW), to provide medical attention, transportation and emergency medical services as warranted by the circumstances.

I am in good physical condition, and am not aware of any disease or injury that would be aggravated or result in my being incapacitated or injured during any program participation except as signed herein.

Signature of Participant _____ Date _____

Photo Release



Becoming an Outdoors Woman in Massachusetts

Participant's Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Phone: _____ (home) _____ (cell)

Email: _____

Workshop Title: _____ Location: _____

The applicant recognizes that participation in any of the activities making up the B.O.W. program involves an element of risk. By signing below the applicant affirms that she is aware of the risk of accident or injury, that she takes full responsibility of her participation and waives the right to seek damages from the Massachusetts Division of Fisheries & Wildlife and its staff, the Becoming an Outdoors-Woman program staff or instructors, site hosts. Participants also agree that photographs or video taken of them during the weekend workshops may be used in future materials describing and/or promoting the program.

Signature of Participant: _____ **Date:** _____

Please print name: _____

LIABILITY



Becoming an Outdoors Woman in Massachusetts

If I am injured or suffer any illness or disease while residing at and/or participating in programs of the MDFW, except as may be caused by the grossly negligent or reckless conduct of the MDFW and their agents, employees and volunteers, I agree to hold MDFW or their agents, employees, volunteers or the host site harmless for said injury, illness, or disease.

I further understand and agree to abide by the general rules of conduct prescribed for the guests of MDFW and violations may result in a denial of privileges, a forfeiture of all fees paid, and immediate removal from the hosting property.

I HAVE READ THIS RELEASE. I UNDERSTAND THAT IT AFFECTS LEGAL RIGHTS AND RESPONSIBILITIES, AND I HEREBY AGREE AND CONSENT TO THE TERMS AND CONDITIONS AND HEREBY WAIVE ANY CLAIMS ARISING WHILE RESIDING AND/OR PARTICIPATING IN THE PROGRAMS OF THE MDFW.

Signature of Participant _____ Date _____