



Swift River Sportsman's Club  
Belchertown, MA  
Saturday, April 16, 2011  
9:00 AM to 4:00 PM

# Women Sustaining WOODLANDS

## Forest Stewardship 101

Mass. Division of Fisheries & Wildlife in partnership with  
Massachusetts Forest Stewardship Program,  
Berkshire Pioneer RC&D, and the USDA Forest Service

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

# Women Sustaining WOODLANDS

## Forest Stewardship 101

Swift River Sportsman's Club, Belchertown, MA

Saturday, April 16, 2011 • 9:00 AM to 4:00 PM

-  If you want to be a forest steward, but don't know where to begin...
-  If you own woodlands or work with a Conservation Commission or Land Trust...
-  If you want to be a more informed voice in public land management decisions...  
...this is the workshop for you!

Forest Stewardship can take many forms and may include management for sustainable timber production, for wildlife habitat, for recreation, or for a combination of purposes including the preservation of rare species and habitats.

At this workshop, professional foresters and wildlife experts will provide an introduction to reading a forested landscape and formulating your individual stewardship goals. Then we will head into the woods for some hands-on experience. Learn how to evaluate the resources of a piece of land and also how to move your forest management and wildlife objectives forward. Share your questions and experiences with other women who share an interest in understanding the forest.

### *Quotes from last year's Workshop:*

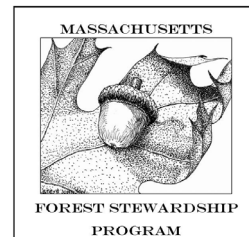
*"Incredible wealth of knowledge shared!"*



*"Excellent, well-organized and clearly presented."*

**Minimum of 10, Maximum of 20 participants.**

**\$35 (Scholarship Assistance Available) • Registration Deadline is 4/8/11**



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

# Registration Coupon

Count me in on **Forest Stewardship 101**: April, 16 2011!

Cost: \$35 • Limited to 20 participants

Name: \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Cellphone number: \_\_\_\_\_



**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 April 8, 2011**

**Act Now! Registration is Limited!**

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

**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 \_\_\_\_\_