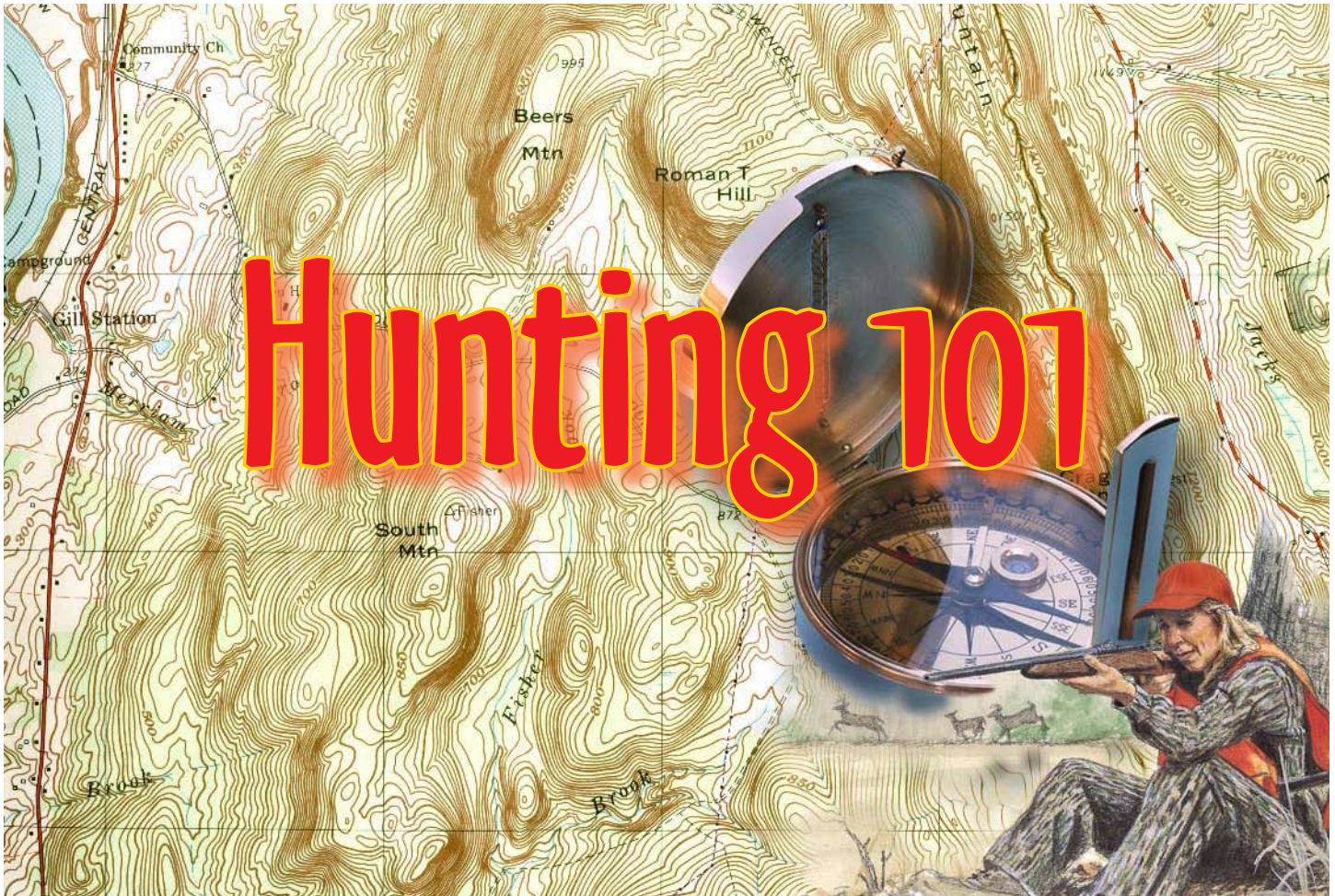




Georgetown
Fish and Game Association
Saturday, March 19, 2011
9:00 AM to 4:00 PM



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

Massachusetts Sponsors: Cape Cod Salties • Mass. Division of Fisheries and Wildlife • Friends of the NRA • Gun Owners' Action League • League of Essex County Sportsmen's Clubs • Mass. Wildlife Federation • Mass. Sportsmen's Council • Mass. Waterfowlers, Inc. • National Wild Turkey Federation, Massachusetts Chapter • Plymouth County League of Sportsmen's Clubs • Worcester County League of Sportsmen's Clubs

International Sponsors: Browning • Cabela's • Ducks Unlimited, Inc. • Federal ATK Ammunitions Group • Leupold • Lodge Manufacturing • National Shooting Sports Foundation • National Wildlife Federation • NRA Women on Target® • Pheasants Forever • Pope and Young Club • Rocky Mountain Elk Foundation • Safari Club International Foundation • UWSP Foundation Inc. • University of Wisconsin - Stevens Point, College of Natural Resources

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



Georgetown Fish and Game Association Saturday, March 19, 2011 • 9:00 AM to 4:00 PM

So you want to go hunting but where and how do you begin?

Planning can (and should start) well in advance of the hunt.

This workshop is particularly suited to women who have participated in one or more BOW hunts and would now like to move out on their own. This is NOT a prerequisite. All are welcome!

In this workshop we will consider:

- ⊙ How to select a property
- ⊙ Habits and Habitat of the Game you seek
- ⊙ Where to start scouting
- ⊙ How to maximize your chances of success
- ⊙ Selecting Equipment
- ⊙ Developing a preparation plan

Limit: 20 participants Cost: \$35

Registration Deadline March 11 — No refunds after this date.

 **Print, Clip, Fill In and Return along with the Medical Information Forms on the Following Pages!**

Registration Coupon

Count me in on **Hunting 101**: March 19, 2011. Cost: \$35 • Limited to 20 participants

Name _____ Daytime telephone # _____

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.*

Please make checks payable to: **Becoming an Outdoorswoman/ MSC**

Mail completed form and check to:

Becoming an Outdoorswoman, **MassWildlife**, DFW 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 _____