



## Preparatory Program

Friday, May 8  
Grafton, MA

## Seabird & Whale Watch

Saturday, May 9  
Gloucester, MA

This is a **B.O.W. Family Program** — spouses, significant others and children are welcome!  
Children must be accompanied by a parent or guardian.



# *Pelagic Birds and Whales*

Photo © by Bill Byrne, DFW

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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

# Pelagic Birds and Whales

## Preparatory Program

Friday, May 8 7:30 PM – 9:00 PM

## Seabird & Whale Watch

Saturday, May 9 1:00 PM →

**Pre-registration is required:** Detailed information on times and locations will be sent to registrants.

Photo © by Bill Byrne, DFW



### Preparatory Program (optional):

Join noted naturalist and outdoor writer, Mark Blazis for an overview of Massachusetts' common pelagic birds including shearwaters, petrels and more AND for an introduction to fin, humpback, minke whales, Atlantic white-sided dolphin, with other rare whales which might be seen. (Priority will be given to people taking the Combined Program.)

### Seabird and Whale Watch:

Gather in Gloucester for a trip to Georges Bank where we will observe birds and whales and learn about important conservation programs to protect them and their habitat.

### Registration Deadline:

Materials must be received by May 4. **No refunds after May 1.**  
**Cost \$50 per person • Preparatory Program Only \$10 per person**



Print, Clip, Fill In and Return!

### Registration Coupon

- Count me/us in for the **Preparatory Program Only:** May 8. Cost: \$10/person.
- Count me/us in for the **Seabird & Whale Watch Only:** May 9. Cost: \$50/person.
- Count me/us in for the **Preparatory Program and Seabird & Whale Watch:** May 8 & 9. Cost: \$50/person.

Name \_\_\_\_\_ Daytime telephone # \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ e-mail address \_\_\_\_\_

Cellphone / Other Number in case of late-breaking inclement weather \_\_\_\_\_

**Accompanied by** (Please circle either Adult or Junior. If more space is required, please attach a separate sheet.):

_____	Adult	Junior	_____	Adult	Junior
_____	Adult	Junior	_____	Adult	Junior

\_\_\_\_\_ Number of attendees for the Preparatory Program **Only**

\_\_\_\_\_ Number of attendees, Pelagic Bird and Whale Watch **Only**

\_\_\_\_\_ Number of attendees for both sessions

\_\_\_\_\_ Total amount enclosed (\$50/person - or - Prep Only @ \$10/person)



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