



Saturday, Sept. 19, 2009

9:00 A.M. to 4:00 P.M.

Hanson, MA



A Day of Shooting Sports!

Sponsored by: **MassWildlife** and the **Hanson Rod & Gun Club**

Optional: MASSACHUSETTS GUN LAW SESSION 4:00 to 5:00 P.M.

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

Massachusetts Sponsors: 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 • National Wild Turkey Federation, Massachusetts Chapter • Plymouth County League of Sportsmen's Clubs • Safari Club International, N. E. Chapter • Worcester County League of Sportsmen's Clubs

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Contributing Sponsors: Cabela's, Lodge Manufacturing, Pope and Young

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

A DAY OF - SHOOTING SPORTS -

Saturday, September 19, 2009

9:00 A.M. to 4:00 P.M. at the Hanson Rod & Gun Club

Come try your hand at Target Shooting, America's Fastest-growing Sport:

⊙ Shotgun ⊙ Rifle ⊙ Handgun ⊙ Archery

... with Expert Instructors!

Optional Massachusetts Gun Law Session

4:00 to 5:00 P.M.

Complete the workshop and the optional segment and you will receive a certificate which may be helpful in applying for an F.I.D. or L.T.C card.

Registration Limited to 40 • Cost: \$45

Registration deadline is September 11, 2009!

The Becoming an Outdoors Woman program is designed for women aged 18 and up.

 **Print, Clip, Fill In and Return!**

Registration Coupon

Count me in for Shooting Sports on September 19, 2009! Cost: \$45 (includes lunch, materials, eye and ear protection and all equipment). You may send a substitute, but no refunds can be issued after Sept. 11.

Name _____ Daytime telephone # _____

Address _____

Town _____ State _____ Zip _____

e-mail address _____ Optional Segment: Yes ___ No Thanks ___

Cellphone # _____ Date of Birth _____



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 _____