



DIVISION OF FISHERIES & WILDLIFE

1 Rabbit Hill Road, Westborough, MA 01581
p: (508) 389-6300 | f: (508) 389-7890
MASS.GOV/MASSWILDLIFE

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Youth Pheasant Hunt Program - Participant Registration Form

To be completed by a parent or guardian

Directions: Submit this completed form to MassWildlife's Field HQ by August 27th. Once received, you will receive an email confirmation.

| | |
|---|---|
| Postal Mail MassWildlife RE: Youth Pheasant Hunt Registration 1 Rabbit Hill Road Westborough, MA 01581 | Fax (508) 389-7890 Email hunter.education@mass.gov |
|---|---|

Club hosting the program: _____
Select one club, as listed, on Mass.gov/dfw/yaph

Youth Participant's Name: _____
First Name Last Name

Date of Birth: _____ Hunter Education Certificate Number: _____
Participant must be 12 to 17 years of age Required - must be provided before the day of the hunt

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian's Phone Number: (_____) _____ - _____

Parent/Guardian's Email Address: _____
Please PRINT clearly

| | |
|---|--|
| If the participant will be 15 to 17 years of age: | Firearms Identification # (FID): _____ |
| | MassFishHunt Customer ID#: _____ |

Parent/Guardian's Name (print): _____

I understand and agree that by signing this registration form I will follow all safety precautions as they are explained to me.

Youth participant's signature Date

Parent/Guardian's signature Date

Questions? Please call the Field HQ at (508) 389-6300 or visit the online guide at mass.gov/dfw/yaph

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Youth Pheasant Hunt Program – Participant Survey

To be filled out by the youth

Have you hunted in the past? Yes No If yes, how many times (estimate)? _____

Have you ever hunted pheasant? Yes No If yes, how many times (estimate)? _____

To what degree do you think your family, friends, and/or peers are supportive of hunting?

- Very Supportive
- Not supportive
- Supportive
- Very unsupportive

Please indicate whether any of the following groups you know hunt and, if so, approximately how often they hunt. *Please check only one option per row –*

| | <i>Frequency</i> | | | | |
|--|------------------------------|--------------------------|---------------------------|---------------------------|--------------------------|
| | More than once a year | Once a year | Once every 2 years | Once every 5 years | Never |
| Immediate Family <small>(parents, siblings)</small> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Extended Family <small>(grandparents, uncles/aunts, cousins)</small> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How interested are you in going hunting in the future?

- Very interested
- Not very interested
- Interested
- Not at all interested

How likely do you think it is that you will hunt in the future?

- Very likely
- Not likely
- Likely
- Very unlikely

Why or why not? _____

What would increase the likelihood that you would hunt in the future? _____

Parental/ Legal Guardian Consent Form

To be completed by a parent or guardian

I, _____ the parent/legal guardian
of _____ (child) desire to have my child participate in the **Young Adult
Pheasant Hunt Program** held by the _____ Club, and hereby consent to my
child's participation in the program and grant the club the unconditional right to use my child's name,
voice and photographic likeness in connection with articles, press releases and audio/video productions
resulting from this event.

In giving my consent for my child to participate in the program, I understand that hunting is a
sport involving firearms which, if mishandled can be dangerous and cause serious injury and/or death to
my child or others. I understand and agree that my child will use utmost care during his/her
participation in the program, and agree that he/she will adhere to the standards, guidelines and
requirements of hunting and firearms safety. I understand and agree that my child will follow the safety
instructions given to him/her by the club, its members, agents, employees, instructors and volunteers. I
understand and agree that the club reserves the right to remove my child from the program if, in their
opinion his/her safety or the safety of others is jeopardized. I understand and agree that I or another
adult authorized by me shall be present with my child during all activities and events of the program.

Signature

Date

Name (printed)

Phone: _____

Address: _____

Release and Indemnification Agreement

To be completed by a parent or guardian

In consideration for, and as an inducement to the

_____ Club (club) allowing my child to participate in the **Young Adult Pheasant Hunt Program** (program), and recognizing that my child's participation in the program involves the use of firearms I, _____, parent/legal guardian intending to be legally bound, hereby, for my child, myself, my heirs, executors and administrators, voluntarily assume all risks of accident, injury or death and release and forever discharge the Commonwealth of Massachusetts, acting by and through the Division of Fisheries and Wildlife within the Department of Fish and Game and its officers, employees and agents (Commonwealth), the club and their officers, agents, employees, volunteers and assigns (collectively, the parties) of and from any and all claims, debts, demands, actions, causes of actions, suits, dues, sum and sums of money, accounts, reckonings, bonds, specialties, agreements, promises, doings, omissions, damages, executions and liabilities of whatsoever kind and nature, including but not limited to any and all liability for personal injury, death or property damage of any kind, both at law and in equity, and any that have been or may be claimed before any governmental agency, which have arisen or may arise as a result of or in association with my child's participation in the program.

I hereby further covenant and agree that I shall save the parties harmless and shall indemnify the parties from and against any and all claims, liabilities and costs for any personal injury, death, property damage or other damages and loss that arise directly or indirectly out of or in connection with my child's participation in the Massachusetts Young Adult Pheasant Hunt Program, including but not limited to the parties' negligence, reckless or intentional conduct. I further agree that the club shall at no time be considered an agent or representative of the Commonwealth. This hold harmless and indemnity agreement shall include indemnity against all costs, expenses and liabilities incurred in connection with any such injury, death, loss or damage or in defense of any claim or claims on account thereof, including reasonable attorney's fees.

Signature _____

Date _____

Name (printed) _____

Emergency Medical Authorization Form

To be completed by a parent or guardian

Please attach to this completed form a copy of your child's health insurance card to facilitate prompt authorization of medical treatment in the case of an emergency.

Youth participant's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Phone: (_____) _____ Email: _____

Doctor: _____ Phone: (_____) _____

Health insurance: _____ Policy #: _____

Residential parent or legal guardian: _____

Mother's name: _____ Phone: _____

Father's name: _____ Phone: _____

Known allergies: _____

Last tetanus shot: _____

Additional information/ special instructions: _____

A COPY OF THIS EMERGENCY MEDICAL FORM WILL BE SENT DIRECTLY TO THE CLUB HOSTING THE YOUTH PHEASANT HUNT PROGRAM THE YOUTH HAS REGISTERED FOR.