

**NOW at Ponca State Park!**

**Sept. 30 -  
Oct. 2, 2016**



## Nebraska's Becoming an Outdoors-Woman Program

**REGISTRATION** – Complete both sides of registration form and send with check payable to the Nebraska Game and Parks Foundation to: BOW, PO Box 30370, Lincoln, NE 68503-0370.

Payment can be made via PayPal at *Nebraska BOW.com*. Call 402-471-5571 or email *Tiffani.Gerber@nebraska.gov* for more information.

Registration deadline is Sept. 19, 2016.

**CANCELLATION DEADLINE** – Refunds will be provided if cancellations are done before July 31. After that date, a \$50 processing fee will be deducted from your refund. There are no refunds for registrants who do not cancel by Sept. 1, 2016; however, you may send a substitute.

**SCHOLARSHIPS** – Limited scholarships are available. To apply please see the back page of this insert or visit *Nebraska BOW.com*.

**LODGING** – Cabins at Ponca State Park provides bedding and may include bunk beds and roll-aways. Camping is available by contacting the park office for reservations (mark “no lodging” on the registration form).

Thursday night lodging is available for an additional \$50 (no meals) you will need to mark that box if you choose this option.

Please bring personal items that you need, any medications and check the “What to Bring List” available at *Nebraska BOW.com*; this list will be emailed to registered participants.

Confirmation of registration will be sent electronically. Additional information will be sent in early September including a map to Ponca State Park and clothing recommendations. **Demonstration equipment will be provided. Do not bring your own, unless specified in the session agenda.**

*Registration is taken on a first-come, first-served basis. Priority will be given to first-time participants, and any repeat participants who bring a new participant, until June 30. No registrations will be accepted by telephone or fax. Fee and medical questionnaire must accompany registration.*

*Sponsored by the Nebraska Game and Parks Commission*



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# Nebraska's Becoming an Outdoors-Woman Program

## REGISTRATION FORM

*One form per person (photo copy for additional registration)*

Name \_\_\_\_\_ Name on Name tag \_\_\_\_\_  
 Phone (Day) \_\_\_\_\_ Phone (Evening) \_\_\_\_\_  
 Address \_\_\_\_\_ E-Mail (required) \_\_\_\_\_  
 City, State, ZIP \_\_\_\_\_

May we use the above information on a participant list distributed at the workshop?  **Yes**  **No**

By signing below, the applicant understands that photographs may be taken during the sessions and may be used in future support and promotion of the program.  
 The applicant recognizes the program involves some risk and she/he takes responsibility for any action or injury that may result by participating.  
 Applicant is at least 18 years of age (or will be prior to the workshop).  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

I would be interested in carpooling  **Yes**  **No**  
 I would like to room with:  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
*(We will try to honor your preference as space allows)*

**Indicate your first (1), second (2), third (3), and fourth (4) choice for each session**

FRIDAY, SESSION I		SATURDAY, SESSION II		SATURDAY, SESSION III		SUNDAY, SESSION IV	
1:30-5 pm		8-11:30 am		1-4:30 pm		8-11:30 am	
A	Introduction to Firearms	I	Women's Wellness	Q	Horse Sense	Y	Birding & Bird ID
B	Primitive Skills	J	Beginning Shotgun Shooting	R	Beginning Shotgun Shooting	Z	Inter Shotgun Shooting
C	Archery	K	Archery	S	Bowfishing	AA	On Pond Fishing
D	Fly-Tying	L	Rifle/Muzzleloader	T	Fish Cleaning & Cooking	BB	Pellet Gun shooting
E	Dutch Oven Cooking	M	Basic Fishing Skills	U	River Kayaking	CC	Photography
F	Park Tour	N	Horse Sense	V	Big Game Hunting	DD	Bowhunting Basics
G	Hiking and Backpacking	O	Reading the Woods	W	Fly Fishing	EE	Camping Basics & Primitive Firestarting & Cooking
H	Beginning Kayaking & Canoeing	P	Turkey Hunting	X	Animals of Nebraska		

**If you are signed up for any firearm class you must take INTRODUCTION TO FIREARMS or have a Hunter Education Card or explain experience. Card # \_\_\_\_\_ or explain experience \_\_\_\_\_**

Are you an EMT, RN, LPN, Doctor? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If yes, would you be willing to help in an emergency? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> Check here if you have any special dietary requirements or special needs that require assistance and describe your needs. _____ _____	Have you attended a prior Nebraska Becoming an Outdoors-Woman Workshop? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	A T-shirt is included in the registration package. <i>Indicate size:</i> <input type="checkbox"/> <b>S</b> <input type="checkbox"/> <b>M</b> <input type="checkbox"/> <b>L</b> <input type="checkbox"/> <b>XL</b> <input type="checkbox"/> <b>1X</b> <input type="checkbox"/> <b>2X</b> <input type="checkbox"/> <b>3X</b>
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**WORKSHOP FEE (send check payable to NE Game and Parks Foundation)** – Includes instruction in all sessions, program materials, and use of demonstration equipment, all meals and lodging, if so indicated.  
 \$250 (includes meals and lodging)  \$200 (meals only, no lodging)  \$125 (applying for a scholarship)  
 \$50 (additional Thursday Night Lodging only)

# EMERGENCY MEDICAL AUTHORIZATION

The Medical History Questionnaire is correct to the best of my knowledge, and I am able to engage in all activities, except as 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 by the emergency situation.

I give consent for the Nebraska Game and Parks Commission (hereinafter "NGPC") and/or their agents to provide medical attentions, transportation and emergency medical services as warranted by the circumstances.

I represent that I am in good physical condition and I 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 designated herein.

\_\_\_\_\_  
Signature of Participant \_\_\_\_\_  
Date

## LIABILITY/MEDICAL RELEASE

If I am injured or suffer any illness or disease while residing at and participating in programs of the NGPC except as may be caused by the grossly negligent or reckless conduct of the NGPC and their agents, servants, employees and volunteers I agree to hold NGPC and their designees harmless for any said illness or disease.

I further understand and agree to abide by the general rules and conduct prescribed for guests of the Nebraska State Parks and that violation may result in a denial of privileges and forfeiture of all fees paid and immediate removal from Nebraska State Park.

I have read this release, I understand that it affects legal rights and responsibilities, and I hereby agree and consent to its terms and conditions and hereby waive any claims arising while residing and/or participating in programs of NGPC.

\_\_\_\_\_  
Signature of Participant \_\_\_\_\_  
Date

## MEDICAL HISTORY QUESTIONNAIRE

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City, State, ZIP \_\_\_\_\_  
 Family Medical Ins. Co. \_\_\_\_\_ Policy No. \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
 Physician \_\_\_\_\_ Phone \_\_\_\_\_

**ALL INFORMATION WILL BE CONFIDENTIAL Please circle "YES" or "NO" and provide additional details where required.**

1. Are you allergic to any medication (aspirin, penicillin, etc)?	NO	YES	List _____
2. Do you take any medication on a permanent or semi-permanent basis?	NO	YES	_____
List with reason _____			
3. Have you ever had a seizure?	NO	YES	When _____
4. Have you ever been told by a doctor that you have epilepsy?	NO	YES	When _____
5. Have you ever been treated for diabetes?	NO	YES	When _____
6. Have you ever been told by a doctor that you were anemic?	NO	YES	When _____
7. Have you ever had a serious accident?	NO	YES	When _____
8. Do you have or have you ever had high blood pressure?	NO	YES	When _____
9. Do you have or have you ever had the following diseases:			
Hay fever	NO	YES	When _____
Fainting spells	NO	YES	When _____
Frequent diarrhea	NO	YES	When _____
Severe stomach aches	NO	YES	When _____
Menstrual problems	NO	YES	When _____
Ear ache or ear infection	NO	YES	When _____
Heart disease	NO	YES	When _____
Lung disease (pneumonia, etc.)	NO	YES	When _____
Kidney disease (infection, etc.)	NO	YES	When _____
Liver disease (mononucleosis, etc.)	NO	YES	When _____
Hepatitis	NO	YES	When _____
10. Have you ever been told by a doctor that you have asthma?	NO	YES	When _____
List medication _____			
11. Do you have or ever had a hernia or rupture?	NO	YES	When _____
12. Have you been "knocked out" unconscious, had a concussion or head injury?	NO	YES	When _____
13. Have you stayed overnight in a hospital?	NO	YES	When _____
Why? _____			
14. Are you currently under the care of a mental health professional?	NO	YES	When _____
15. Are you currently taking any behavior modification medication?	NO	YES	When _____
Why? _____			

**IMMUNIZATIONS:** Tetanus Toxoid — date of last inoculation \_\_\_\_\_

This MEDICAL HISTORY QUESTIONNAIRE IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE, and I understand any intentional omission of a material fact of the medical history questionnaire is grounds for dismissal from program(s) and expulsion from the property of NGPC.

\_\_\_\_\_  
Signature of Participant \_\_\_\_\_  
Date

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## Nebraska's Becoming an Outdoors-Woman Program

### **BOW Scholarship**

Limited funds are available for partial scholarship(s) valued at \$125. Preference will be given to first-time participants who are single parents, students or members of fixed/low income households. These are partial scholarships only; the remainder of the registration fee and additional Thursday night lodging (optional) is the responsibility of the participant.

In the event you are not selected for a scholarship, you will have the option to pay the remaining balance of the full registration fee (\$250) or you may request a refund of your \$125 deposit and not attend the weekend. Balance of \$120 will be due by May 10. **If you decide not to attend for any reason, please notify us**, so we may have the option of offering this opportunity to another applicant.

**Scholarship Application Deadline:** April 6, 2016

**Requirements (all to be completed together):**

- Complete scholarship questionnaire (available at [www.nebraskaBOW.com](http://www.nebraskaBOW.com))
- Pay \$125 deposit with application (may pay by PayPal online)
- Complete registration form (may be submitted online with PayPal payment)

For the complete Scholarship Application go to [NebraskaBOW.com](http://NebraskaBOW.com) to print/download a copy of the entire scholarship form for submission.