



BECOMING AN OUTDOOR FAMILY

Great Outdoors Month Present's Becoming an Outdoors Family Campout

Make memories. Walk on the wild side.

TWO RIVERS STATE RECREATION AREA

June 25 & 26, 2016

WHAT IS IT?

Fun, laughter, and adventure. That's the recipe for time well spent with family. This summer, provide your family with lifelong memories, and join us for a weekend spent exploring the outdoors.

WHO IS IT FOR?

The Becoming an Outdoors Family Campout program is provided to families who are new to camping and outdoor. With the expert guidance of our instructors, we will teach you how to fish, camp, kayak, shoot and cook outdoors, among other activities, in a relaxed, and safe environment.



WHEN & WHERE IS IT?

The campout is held over the weekend of June 25th and 26th. It takes place at the beautiful Two Rivers State Recreation Area west of Omaha. Further directions will be provided. We will provide all food and some camping equipment for your overnight stay.

ACTIVITES

ARCHERY AND 3-D SHOOTING

Learn about form, technique, and basic archery terminology, and then enjoy taking aim at various 3-D targets.

OUTDOOR COOKING

This class covers everything from campfires to favorite outdoor dishes. Participants will cook and eat a full-course meal.

LAKE FISHING

Take a trip to the lake with our fishing instructors, and get insider's instruction on everything from equipment to technique.

GEO CACHING AND NATURE WALK

Explore the park with some high-tech tools.

KAYAKING

After this workshop, you will practice your newfound knowledge on safe and quiet waters.

AQUATIC ECOLOGY

Learn about life in the water. Collect samples of aquatic animals and plants under the direction of a Master Naturalist.

SHOOTING SPORTS

Learn about the shooting sports, and the fun of target shooting.



How Do I Register?

Mail in the attached registration form to:
Becoming an Outdoors Family
2200 North 33rd Street
Lincoln NE 68503
Free through sponsorship
A medical history questionnaire must be filled out for each participant as well. You can either make copies or visit NebraskaBOW.com and download a form. If you have questions, call Christy Christiansen at Nebraska Game and Parks: 402-471-5547, or email christy.christiansen@nebraska.gov.



WORKSHOP SCHEDULE

Saturday, June 25

9 a.m.	Check-in
9:30 - 11:30 a.m.	Introductions, Camp Set-Up, Tent demonstration
11:30 - 4 p.m.	Fishing, Boating and Fun at the Lake (sack lunch provided)
4 - 5:30 p.m.	Free Time or Nature Hike
5:30 - 7:30 p.m.	Outdoor Cooking
7:30 - 9 p.m.	Campfire Songs and Stories with S'mores

Sunday, June 26

8 - 9:30 a.m.	Breakfast (Food Provided by Camp)
9:30 - Noon	Archery and 3-D Shooting, Lake Fishing, GEO Caching, Nature Walk, Kayaking, Aquatic Ecology, Shooting Sports
Noon - 1 p.m.	BBQ Lunch (Food Provided by Camp)
1:30 - 2:30 p.m.	Archery and 3-D Shooting, Lake Fishing, GEO Caching, Nature Walk, Kayaking, Aquatic Ecology, Shooting Sports
2:30 - 3 p.m.	Closing/Wrap-up/Evaluations

Other Details

-A 2016 park permit will be required for each vehicle. A 2016 fishing permit will be required for any participant 16 years of age or older.

-Two weeks before the program, we will mail you a packet with a schedule, directions, packet list and other necessary details.

-Supervision – One adult must be present with up to two children under age 16 in each session. Limited activities for children under 6 years of age.

Loaner tents available upon request.

**Two Rivers
State Recreation Area
June 25 and 26, 2016**



REGISTRATION FORM

Name _____
 Phone (daytime) _____ Phone (Evening) _____
 Address _____ City, State, ZIP _____
 E-mail Address _____

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

Occasionally we will use photos from the workshop for promotional purposes.
 Do we have your permission to use photos of you? Yes No

Adult #1 _____
 Adult #2 _____
 Child #1 _____ Age _____
 Child #2 _____ Age _____
 Child #3 _____ Age _____
 Child #4 _____ Age _____
 Child #5 _____ Age _____

Only one family may register per form.
SIGNED MEDICAL HISTORY QUESTIONNAIRE FORM MUST BE FILLED OUT FOR EACH PARTICIPANT.
 Please photo copy or visit our website at www.NebraskaBOW.com for additional forms.

Add additional people on a separate sheet.

Are you an EMT, RN, LPN, or Doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No Would you be willing to help in an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you need a sign language interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you need a loaner tent? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Check here if you have any dietary requirements, food allergies, and describe your needs: _____ _____ _____	<input type="checkbox"/> Check here if you have any special needs that require assistance and describe your needs: _____ _____ _____
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FOR QUESTIONS OR CONCERNS PLEASE CONTACT:
 Christy Christiansen
 402-471-5547
christy.christiansen@nebraska.gov

**\$99 for a family of 5 or less and
 \$10 for each additional person**
 Number of Adults _____
 Number of Children (Ages 15 and under) _____
 Total \$ Enclosed _____

REGISTRATION IS TAKEN ON A FIRST-COME, FIRST-SERVED BASIS. NO REGISTRATIONS WILL BE ACCEPTED BY TELEPHONE OR FAX. FEE AND MEDICAL QUESTIONNAIRE MUST ACCOMPANY REGISTRATION.

MEDICAL HISTORY QUESTIONNAIRE



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

Please circle "YES" or "NO" and provide additional details where required.

ALL INFORMATION WILL BE CONFIDENTIAL

1. Are you allergic to any medication (aspirin, penicillin, etc)?	NO	YES	When _____
2. Are you allergic to bees or wasps? List medication _____	NO	YES	When _____
3. Do you take any medication on a permanent or semi-permanent basis? List with reason _____	NO	YES	When _____
4. Have you ever had a seizure?	NO	YES	When _____
5. Have you ever been told by a doctor that you have epilepsy?	NO	YES	When _____
6. Have you ever been treated for diabetes?	NO	YES	When _____
7. Have you ever been told by a doctor that you were anemic?	NO	YES	When _____
8. Have you ever had a serious accident?	NO	YES	When _____
9. Do you have or have you ever had high blood pressure?	NO	YES	When _____
10. 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 _____
11. Have you ever been told by a doctor that you have asthma? List medication _____	NO	YES	When _____
12. Do you have or ever had a hernia or rupture?	NO	YES	When _____
13. Have you been "knocked out" unconscious, had a concussion or head injury?	NO	YES	When _____
14. Have you stayed overnight in a hospital? _____ Why? _____	NO	YES	When _____
15. Are you currently under the care of a mental health professional?	NO	YES	When _____
16. Are you currently taking any behavior modification medication? _____ Why? _____	NO	YES	When _____

IMMUNIZATIONS: Tetanus Toxoid — date of last inoculation _____

EMERGENCY MEDICAL AUTHORIZATION

The above 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) to provide medical attention, 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.

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 harmless for any said illness or disease.

I further understand and agree to abide by the general rules and conduct prescribed for guests at Two Rivers SRA, and that violations may result in a denial of privileges and forfeiture of all fees paid and immediate removal from Nebraska state park property.

By signing below I recognize that the activities are conducted under normal field conditions and involve some risk and assume responsibility for all actions and for any injury that may result from participating. I have read the Emergency Medical Authorization, Liability/Medical Release and have completed the Medical History Questionnaire to the best of my knowledge. 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 and Two Rivers SRA.

Participant's Signature _____ Guardian's Signature _____
 Date _____ Date _____