

EMERGENCY MEDICAL AUTHORIZATION

The attached 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 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 and/or Nebraska State 4-H Camp except as may be caused by the grossly negligent or reckless conduct of the NGPC and/or Nebraska State 4-H Camp and their agents, servants, employees, and volunteers, I agree to hold NGPC and/or Nebraska State 4-H Camp 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 4-H Camp and that violation may result in a denial of privileges and forfeiture of all fees paid and immediate removal from Nebraska State 4-H Camp property. **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 and/or Nebraska State 4-H Camp.**

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 _____

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 _____

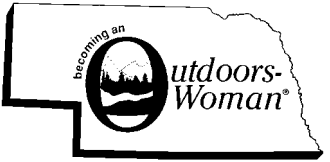
This MEDICAL HISTORY QUESTIONNAIRE IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE, and I understand any intentional omission of a material fact of the medical history questionnaire is grounds for dismissal from program(s) being conducted at the Nebraska State 4-H Camp and expulsion from Nebraska State 4-H Camp property.

Signature of Participant _____ Date _____

Nebraska State 4-H Camp,
Halsey, Neb.

Sept. 30 - Oct. 2, 2011

Nebraska's
**Becoming an
Outdoors-Woman**



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. If you have questions, call (402) 471-5482.

REGISTRATION DEADLINE — September 23, 2011.

CANCELLATION DEADLINE — If you cancel before July 30, you will receive a full refund. 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, 2011; however, you may send a substitute.

SCHOLARSHIPS — Limited scholarships are available. To apply for a scholarship, you must pay the first \$115. **Fill out the box below and send your written request for a scholarship** along with your check for \$115, completed registration form and medical questionnaire to BOW, PO Box 30370, Lincoln, NE 68503-0370 by **June 17, 2011**. Include your reasons for attending this workshop and other information you feel is important. Preference will be given to first-time participants, who are working single-parents, students, or members of fixed/low income households. All scholarship applicants will be notified of their status by **June 30**. In the event you are not selected for a scholarship, you will have the option of paying the remaining balance of the full registration fee (\$215) or receiving a refund of your \$115 deposit and not attending the weekend. Any balance due **MUST** be received by **July 15**.

FILL OUT BOX ONLY IF YOU ARE APPLYING FOR A SCHOLARSHIP

Have you ever attended a "Becoming an Outdoors-Woman" workshop? Yes No Location/Dates _____

Are you a full-time student? Yes No Institution Name/Address/City _____

Please indicate number of adults (19 years old and older) living in your household. Be sure to include yourself. _____

Please list the ages of children (18 years old and younger) living in your household. _____

Please check the category that best describes your total annual household income from all sources.

Less than \$10,000 \$10,000-\$20,000 \$30,000-\$40,000 \$40,000-\$50,000

On a separate piece of paper please tell us why you want to attend the "Becoming an Outdoors-Woman" workshop?

Please limit your response to one piece of paper.

LODGING at the Nebraska State 4-H Camp is dormitory style and may include bunk beds. Sleeping rooms accommodate up to 20 people and most have adjoining baths. Bedding is not provided bring your own bedding. If you do not want to stay at the camp, please note that on your registration form. Camping is available adjacent to the 4-H camp at the Nebraska National Forest.

A confirmation will be sent **on or before August 31** for those who register by that date. You will also receive a map showing the route to Halsey and clothing recommendations. **Demonstration equipment will be provided...please do NOT bring your own, unless specified in the session agenda.**

REGISTRATION IS TAKEN ON A FIRST-COME, FIRST-SERVE BASIS; HOWEVER, PRIORITY WILL BE GIVEN TO FIRST-TIME BOW PARTICIPANTS UNTIL JUNE 30 (this includes any repeat participants who bring a NEW participant). NO REGISTRATIONS WILL BE ACCEPTED BY TELEPHONE OR FAX. FEE AND MEDICAL QUESTIONNAIRE MUST ACCOMPANY REGISTRATION.

Sponsored by the Nebraska Game and Parks Commission

HUNTER EDUCATION



Want to Certify in Hunter Education?

If you wish to hunt out of state (check individual states for details) or you are 12 through 29 years of age and wish to hunt any game with a firearm in Nebraska, you will need Hunter Education certification. We now offer a new delivery method designed to make your certification more convenient and will work well with your normal participation of events at BOW. Just follow these few simple steps:

Firearm Hunter Education

You must take the Introduction to Firearms as well as Rifle Marksmanship or Beginning Shotgun Shooting and at least one hunting oriented class at BOW.

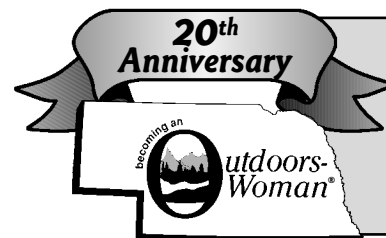
1. Log on to our Home Study website at www.homestudy.ihea.com/ for Firearm Hunter Education and take the home study online Hunter Education course.
2. Complete the quizzes at the end of each chapter (Firearm Hunter Education), scoring 100 percent on each and print out the online certification.
3. Bring your completed (scoring 100 percent on each) tests and necessary information to BOW.
4. On Friday night, Sept. 30, from 5 - 6 p.m., we will meet, accept your quizzes and provide a comprehensive Hunter Education Exam. (this is during a free time at the workshop and will not interrupt any of your classes or other activities)
5. Participants who pass the above exam will receive certification on Sunday morning (free of charge) upon successful completion of the above classes.

Please be sure to mark the appropriate space on the registration form if you wish to participate in this course.

If you need more information about this please contact:

Jeff Rawlinson
Assistant Division Administrator
Information and Education
(402) 471-6133
jeff.rawlinson@nebraska.gov

or **Julie Geiser**
BOW Coordinator
(308) 530-6722 leave message
julie.geiser@charter.net



This is our twentieth year for the Nebraska Becoming and Outdoors-Woman program. To celebrate, we would like to accumulate any photos that you would like to share. Please email to peggy.kapeller@nebraska.gov or mail to Ne BOW, PO Box 30370, Lincoln, NE 68503.

Nebraska State 4-H Camp,
Halsey, Neb.
Sept. 30 - Oct. 2, 2011

Nebraska's Becoming an Outdoors-Woman



REGISTRATION FORM

Only one person may register per form.
Please photo copy for additional registration.

Name _____ Name for Nametag _____
Phone (daytime) _____ Phone (Evening) _____
Address _____ E-Mail Address _____
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 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 before the workshop).

Applicant Signature _____

Date _____

I would be interested in carpooling.

Yes No

I would like to stay with:

1. _____
2. _____
3. _____

(We will try to honor your preference as space allows.)

PLEASE 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	
A	Introduction to Firearms	J	Beginning Shotgun Shooting	S	Canoeing	BB	Reading the Woods
B	Canoeing	K	Boating Basics and Trailering	T	Beginning Shotgun Shooting	CC	Intermediate Shotgun Shooting
C	Archery	L	Archery	U	Introduction to GPS	DD	On Pond Fishing
D	Fly-Fishing	M	Rifle Marksmanship	V	Muzzleloading	EE	Trapping
E	Dutch Oven Cooking	N	Fly-Tying	W	Bowfishing	FF	Small Game Hunting
F	Big Game Hunting and Care	O	Fishing Formula for Success	X	Dutch Oven Cooking	GG	Outdoor Awareness and Safety
G	TRUST Course	P	Stream Ecology	Y	Mock Grouse/Pheasant Hunt	HH	Geocaching
H	Photography	Q	Mock Waterfowl Hunt	Z	Kayaking	II	Tracking Nebraska's Wildlife
I	Kayaking	R	Mock Turkey Hunt	AA	Family Camping	JJ	Wood Working for Wildlife

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

Please indicate here if you are taking the "Home Study" Hunter Education course (information is on the following pages): Yes No

Are you an EMT, RN, LPN, or Doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Check here if you have any dietary requirements, food allergies or special needs that require assistance and describe your needs: _____	LODGING PREFERENCE: <input type="checkbox"/> Early Bird (to bed by 11 p.m.) <input type="checkbox"/> Night Owl (to bed after 11 p.m.)
Would you be willing to help in an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	

A t-shirt is included in the registration package. Please indicate desired size. <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL <input type="checkbox"/> 2X <input type="checkbox"/> 3X	Have you attended a prior Nebraska BOW workshop? <input type="checkbox"/> Yes <input type="checkbox"/> No
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WORKSHOP FEE — please send check payable to: Nebraska Game and Parks Foundation. Fee includes instruction in all sessions, program materials and use of demonstration equipment, all meals and lodging, if so indicated.

- \$215 (includes meals and lodging) \$190 (meals only, no lodging) \$115 (applying for scholarship)