



# Intermediate Fly Fishing Registration Form September 25, 26, 27 2009

Only one person may register per form. Please photocopy for additional registrations.

PLEASE PRINT LEGIBLY

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Work \_\_\_\_\_ Home \_\_\_\_\_

Email address: \_\_\_\_\_

The applicant, by signing below, recognizes that the program involves some risk and that she/he takes responsibility for all action or injury that may result by participating. I understand that photographs and/or filming may occur during the sessions and may be used in future support of the program.

Applicant signature: \_\_\_\_\_

ROOMMATE PREFERENCE: (list up to 2): \_\_\_\_\_

**FEE: \$275.** Includes instruction, program materials, use of demonstration equipment, all meals on Saturday, breakfast and lunch on Sunday and lodging. **FEE DUE WITH REGISTRATION, SPACE IS LIMITED TO 15, RESERVE YOUR SPOT EARLY!**

**PLEASE INDICATE METHOD OF PAYMENT:**

- Check** - Total Amount: \$ \_\_\_\_\_ Payable to: N.H. Wildlife Trust (one check per registration)
  - Visa** Exp. date: \_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_
  - MasterCard** Exp. date: \_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_
- Credit Card # \_\_\_\_\_ Total Amount: \$ \_\_\_\_\_

**I would like to donate to the NH BOW SCHOLARSHIP FUND:**

- \$25.00
- \$50.00
- other \$ \_\_\_\_\_ Your name will be included on the sponsorship list.

**REMIT PAYMENT ALONG WITH REGISTRATION FORM AND MAIL TO:**

BOW  
c/o N.H. Wildlife Federation  
54 Portsmouth St.  
Concord, NH 03301

**NO REGISTRATIONS WILL BE ACCEPTED BY TELEPHONE, FAX OR EMAIL**



<b>OFFICE USE ONLY</b>	
Registration # _____	Room # _____
Amt. encl. \$ _____	Check # _____



**BECOMING AN OUTDOORS-WOMAN**  
**Medical History Questionnaire**  
*All Information is Confidential*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone# \_\_\_\_\_

**QUESTIONS:**

Please check any of the following medical conditions that apply to you:

- Yes No Are you allergic to any medication (aspirin, penicillin, etc.)? List \_\_\_\_\_
- Yes No Do you take any medication critical to your health? List \_\_\_\_\_
- Yes No Have you ever been told by a doctor that you have epilepsy? When \_\_\_\_\_
- Yes No Have you had recent surgical operations, accidents or injuries? When/What? \_\_\_\_\_
- Yes No Have you been "knocked out" unconscious, had a concussion or head injury? When? \_\_\_\_\_
- Yes No Are you pregnant? \_\_\_\_\_

Do you wear: glasses? or contact lenses?

Date of last tetanus immunization: \_\_\_\_\_

Please check any of the following medical conditions you have had within the last five years:

Hay fever or allergies. (Especially to bee's, ants, etc.) If yes, please list \_\_\_\_\_

Heart Disease	Diabetes	Fainting spells
Asthma	Seizures	High blood pressure

Do you have any medical training?

Doctor                      Nurse                      Emergency Medical Technician                      Other \_\_\_\_\_

Is there anything else about your health you would like us to know in case of an emergency? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I agree to allow treatment by the New Hampshire Fish and Game Department's Emergency Medical Team.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN THIS QUESTIONNAIRE WITH YOUR REGISTRATION FORM.**