

**Beyond BOW Fly Fishing Weekend**  
May 11-13, 2018  
North Mills River Recreation Area & Campground

- Who:** Women of all skill levels who want to learn more about Fly-fishing
- When:** May 11-13, 2018
- Where:** North Mills River Recreation Area and Campground
- Cost:** \$125.00 - One fee covers instruction, equipment and camping

No matter your skill level, there is still lots to learn about fly-fishing. Whether you want to gain new skills or improve current techniques, this workshop presents a thorough review of the history and ethics of fly-fishing as well as the angler's important role in wildlife conservation.

In the stream ecology session, discover tiny aquatic species that support a much larger food web. Explore a mountain stream and search for aquatic organisms using nets and kick seines to help understand what types of flies work best on the water. Then learn to tie flies that mimic the natural fish food you find in the river.

In Basic Equipment session, get the scoop on proper waders, wading shoes, vests and other items that make fishing fun.

Finally, learn knot-tying, fly-casting and presentation. Our experienced instructors emphasize the importance of basic casting techniques and offer one-on-one instruction to help participants practice their moves.

Sunday morning you'll get to practice and enhance all your new found skills with guided fishing on the North Fork Mills River.

*Space limited ~ first come, first served*

Snacks, beverages and light lunch provided Saturday

**Accommodations** are at an outdoor group campground. Bath house with hot showers and restrooms. Participants are encouraged to bring tents and camping equipment. If you have no tent, contact the coordinator, BB Gillen.

**Directions** will be sent with your confirmation packet. This event will be held rain or shine. May can be unpredictable, so dress appropriately. Bring some sunscreen, insect repellent, rain gear, folding chair, hat and water bottle, along with outdoor clothes, shoes, socks, toilet articles, flashlight, sleeping bag or bedroll, linens and a tent. Fly-fishing equipment will be provided, or bring your own.

**Cancellation** with a full refund may be made if requested by May 5, 2018. You may transfer your registration fee to another person.

**Don't forget your fishing license!**

----- Registration Form -----

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Special needs: \_\_\_\_\_

Make Checks payable to: NCWRC - BOW  
Mail the check, the registration form and the completed health form to:

N.C. Wildlife Resources Commission  
Attn: BB Gillen  
P.O. Box 965  
Benson, N.C. 27504-0965



# Becoming an Outdoors-Woman® Medical Questionnaire

Medical Questionnaire is a requirement to participate in the BOW program

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

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Medical Ins. Co. \_\_\_\_\_

Policy No. \_\_\_\_\_ Group No. \_\_\_\_\_

Emergency Contact \_\_\_\_\_ (Relationship) \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

ALL INFORMATION WILL BE CONFIDENTIAL. Please circle "Yes" or "No" and provide additional details where required.

1. Are you allergic to any medications? NO YES LIST \_\_\_\_\_
2. Are you currently taking any medications on a regular basis? NO YES Please List with Reason \_\_\_\_\_
3. Have you ever had a seizure? NO YES WHEN \_\_\_\_\_
4. Have you ever been told by a doctor you have epilepsy? NO YES WHEN \_\_\_\_\_
5. Have you ever been treated for diabetes? NO YES WHEN \_\_\_\_\_
6. Have you ever had a serious accident? NO YES WHEN \_\_\_\_\_
7. Do you have a history of high blood pressure? NO YES WHEN \_\_\_\_\_
8. Do you have or have you ever had the following diseases:

Hay fever	NO	YES	WHEN _____	Heart disease	NO	YES	WHEN _____
Fainting spells	NO	YES	WHEN _____	Lung disease	NO	YES	WHEN _____
Frequent diarrhea	NO	YES	WHEN _____	Kidney disease	NO	YES	WHEN _____
Severe stomach aches	NO	YES	WHEN _____	Liver disease	NO	YES	WHEN _____
Menstrual problems	NO	YES	WHEN _____	Hepatitis	NO	YES	WHEN _____
Ear ache or infection	NO	YES	WHEN _____				
9. Have you ever been told by a doctor that you have asthma? NO YES WHEN \_\_\_\_\_
10. Have you ever had a concussion or head injury? NO YES WHEN \_\_\_\_\_
11. Are you pregnant? NO YES DUE DATE \_\_\_\_\_
12. Have you stayed overnight in a hospital? WHY? \_\_\_\_\_

13. Date of last tetanus inoculation \_\_\_\_\_ exact date needed (must be within 10 years)

The above medical history questionnaire is correct to the best of my knowledge, and I am able to engage in all activities, except as noted by a physician and me. In the event of an emergency, I hereby give permission to a physician to hospitalize me, secure proper anesthesia, and to order injections, x-rays, surgery or other medical procedures required by the emergency situation.

By signing this form, you are giving consent for the North Carolina Wildlife Resources Commission to provide this information to emergency personnel in a medical emergency situation.

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