Beyond BOW Fly-Fishing Basics for Women

March 23, 2019 9 a.m. to 3 p.m.

John E. Pechmann Fishing Education Center
7489 Raeford Rd., Fayetteville
(across from Lake Rim)

Whether you want to gain new skills or improve existing techniques, this workshop provides a thorough overview of fly tying, fly casting and fly fishing. Experienced instructors emphasize the importance of basic casting techniques and offer one-on-one instruction to help participants become better fly-fishing anglers. Once classroom instruction is completed, participants hit the water to try out their news skills on the center's ponds that have been stocked especially for fishing clinics.

Cost is $20 per person, which includes lunch, drink and snack. No fishing license required!

Registration is limited to 40 participants, so register early!
Check-in starts at 8:30 a.m., and instruction begins promptly at 9 a.m.

Fly-Fishing Basics for Women

- Knots and Rod Assembly
- Introduction to Fly-fishing
- Introduction to Casting
- Casting Exercises
- Casting Ring Instruction
- Fishing Practice

Registration Form

Beyond BOW Fly Fishing Basics - March 23, 2019

Name: _____

Address: _____ City: _____ Zip: _____

Daytime phone: _____ Evening phone: _____ Mobile: _____

Email: _____ Special needs: _____

NORTH CAROLINA Wildlife RESOURCES COMMISSION

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 a... Outdoors-Woman in NORTH CAROLINA

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_____