

Beyond BOW Introduction to Kayak Fishing

May 25, 2019

Who: Women who want to learn more about fishing from a kayak

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

Time: 08:30 am - 5:00 pm

Cost: \$20.00 per person, which includes lunch, drink and snacks.

Looking for a new adventure ... Introduction to Kayaking Fishing is designed to give anglers and paddlers the information required to safely and successfully fish in sheltered waters from a kayak. The event includes class room time where you will learn how to choose a boat, know what equipment is needed, outfitting and rigging, tackle and gear selections and most importantly safety.

From the classroom you'll move to Lake Rim across from the center where our trained and experienced staff and volunteers will work with you on launching and landing, paddle strokes, capsize recovery, anchoring, trip planning and safety. Then you'll be on to the hands-on guided kayak fishing experience. Here you will learn through experience while you will be targeting large mouth bass and pan fish on the lake.

Registration is limited, so register early!

Check in starts at 8:30 am., and instruction begins promptly at 9:00 am.

-----Registration Form-----
Beyond BOW - Introduction to Kayak Fishing - May 25, 2019

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 _____