February 29, 2020 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 new 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: __________________________

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__________________________