



Becoming an Outdoors-Woman, California 2012 Workshop Registration Form

P.O. Box 1505
Cottonwood, CA 96022
www.bowca.org (530) 347-0227

- Review the Cancellation Policy below
- Complete all information, including the Medical Information and Liability Release. Incomplete forms will not be accepted.
- Mail forms and payment to the above address
- Questions? Call (530) 347-0227 or E-mail info@bowca.org

Name: _____ Female Male

Mailing Address: _____

City/State/Zip: _____

Mobile Phone: _____ Other Phone: _____

Email Address: _____

Preferred Shirt Size (only for Multi-Course Workshop):

- Small Medium Large X-Large 2X-Large None

Choose Workshop

Duck Hunt	January 14, 2012	Williams	\$200
ATVs & Dirt Bikes	May 25-27, 2012	Hollister Hills State OHV Park	\$250
BOW Destination – Alaska	August 12-19, 2012	Soldotna, AK	\$1800
Fly Fishing – Bidwell Ranch	September 14-16, 2012	Shasta County	\$275
Multi-Course Workshop	October 12-14, 2012	Camp Cazadero, Sonoma County	\$325
Pheasant Hunt	November 17, 2012	Williams	\$125

Cancellation Policy

If you cancel **three weeks or less** prior to the workshop date, you will forfeit 100% of your registration unless you provide a replacement, or someone on the waiting list accepts your spot.

I have read and understand the Cancellation Policy.

Signature: _____

Medical History Form

All information is confidential and will only be released in the event of a medical emergency.

Name: _____

Date of Birth: _____

Physician: _____

Phone #: _____

Emergency Contact Name: _____

Phone #: _____

Relationship: _____

Are you allergic to any medication (Penicillin, Aspirin, etc.)? _____ Yes _____ No

List:

Do you take any medication critical to your health?

_____ Yes _____ No

List:

Have you ever been told by a doctor that you have epilepsy? _____ Yes _____ No

When? _____

Have you had recent surgical operations, accidents or injuries? _____ Yes _____ No

When/What? _____

Have you been knocked unconscious, had a concussion or a head injury? _____ Yes _____ No

When? _____

Are you pregnant? _____ Yes _____ No

Expected Delivery Date: _____

Do you wear glasses? _____ Yes _____ No

Do you wear contact lenses? _____ Yes _____ No

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 (bees, ants, etc.)

List specifics: _____

_____ Heart Disease _____ Fainting Spells

_____ Asthma _____ Diabetes

_____ High Blood Pressure _____ Seizures

Do you have any medical training?

_____ Doctor _____ Nurse _____ EMT

Other _____

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

I certify that the above is true.

Signature: _____

Emergency Medical Authorization

The attached health history questionnaire is correct to the best of my knowledge, and I am able to engage in all activities, except as noted by me and a physician. In the event of an emergency, I hereby give permission to a physician to hospitalize, secure proper anesthesia, or to order injection or surgery, or other medical procedures required by the emergency situation. I give consent for the staff of Becoming an Outdoors-Woman, California (hereinafter BOW California) to provide medical attention, transportation, and emergency medical services as warranted by the circumstances.

I represent that I am in good physical condition, and I am not aware of any disease or injury that would be aggravated or result in my being incapacitated or injured during any program participation, except as designated herein.

Signature: _____

Liability Release

If I am injured, or suffer any illness or disease while residing at and participating in programs of BOW California, I agree to hold BOW California harmless for any said injury, illness, or disease.

I further understand and agree to abide by the general rules of conduct prescribed for guests, and understand that violations will result in a denial of privileges, a forfeiture of all fees paid, and immediate removal from the grounds where the program is being conducted.

I have read this release, and I understand it affects my legal rights and responsibilities. I hereby agree and consent to its terms and conditions and waive any claims arising while residing/participating in programs of BOW California.

Signature: _____