

# 2007 BOW, California WORKSHOP REGISTRATION FORM

Send this form with a check for total fees to:

**BOW California, PO Box 1505, Cottonwood, CA 96022**

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

Name \_\_\_\_\_  Female  Male

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Day & Evening Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Preferred Shirt Size:  Small  Medium  Large  X-Large  2X-Large  None

<input type="checkbox"/>	<b>Multi-Course Workshop</b>	Oct. 19-21	Wonder Valley Ranch, Sanger	\$375
<input type="checkbox"/>	<b>Cross-Country Skiing</b>	Feb. 23-25	Rock Creek Lodge, near Mammoth Lakes	325
<input type="checkbox"/>	<b>Birding the Buttes</b>	March 2-4	Butte Sink, near Willows	FULL
<input type="checkbox"/>	<b>Map, Compass &amp; GPS</b>	April 13-15	Joshua Tree National Park	135
	<b>BOW FUNDRAISER</b>	April 27-29	River Ridge Ranch, Tulare County	<input type="checkbox"/> One Person 100 <input type="checkbox"/> Two People 175
<input type="checkbox"/>	<b>Drawing on Nature</b>	May 4-6	Yosemite Valley	250
<input type="checkbox"/>	<b>Hiking Pole Field Seminar</b>	June 2	Mount Tamalpais State Park, North of San Francisco Bay	50
<input type="checkbox"/>	<b>Personal Self-Defense &amp; Wilderness Survival</b>	June 15-17	Mendota (Fresno County)	200
<input type="checkbox"/>	<b>A Day at the Range</b>	June 23	Livermore-Pleasanton Rod and Gun Club	125
<input type="checkbox"/>	<b>Map, Compass &amp; GPS</b>	July 13-15	El Dorado National Forest	125
<input type="checkbox"/>	<b>Fly Fishing</b>	Sep. 21-23	Bidwell Ranch (Shasta County)	200
<input type="checkbox"/>	<b>Pheasant Hunt</b>	Dec. 2	Williams (Colusa County)	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 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 (especially 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 known 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) \_\_\_\_\_