



Professional Bowhunters Society Doug Kerr Memorial Traditional Values Youth Leadership Hunt Application

Every two years the Professional Bowhunters Society canvasses leading bowhunting organizations to find candidates for a very exciting program called the Professional Bowhunters Society Doug Kerr Memorial Traditional Values Youth Leadership Hunt and Conservation Education Camp. The purpose of this program is to facilitate growth and communication between outstanding young bowhunters from around the country. You have been identified as a prospective candidate for participation in this program.

If you are interested in being considered for one of the limited slots please complete the following questionnaire. Feel free to answer the questions on a separate sheet if you need more room.

Youth Name: _____ Social Security Number: _____

Home Address: _____ Birth Date: _____ Male: _____ Female: _____

City, State, Zip: _____ Phone: _____ Grade: _____

Detail your bowhunting experience: ^ _____

Describe your bowhunting equipment: _____

How did you learn to bowhunt? _____

As a bowhunting leader, you will be tasked with "saving & preserving" our sport. How would you propose to do this? _____

What do you do now to promote bowhunting among your peers? _____

Section 1: This application to participate in the **Professional Bowhunters Society Doug Kerr Memorial Traditional Values Youth Hunt and Conservation Education Camp** is entirely voluntary on my part and is made with an understanding of the goals and expectation of conduct of the **Professional Bowhunters Society**. I hereby release the **Professional Bowhunters Society** and its officers from liability for any accidents or damage that I may encounter in preparation for and transportation to and from and participation in the actual hunt.

I have completed all portions of the application in a truthful manner and by my signature agree to all stipulations set forth in Section 1.

Signature of Youth Hunter: _____ **Date:** _____



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Youth Candidate's Name:

Parent(s)/Guardian(s) Name:

Mr. _____ Mrs. _____

Work Address: _____ Work Address: _____

Work Phone: _____ Work Phone: _____

Persons who will care for child in case parents cannot be reached:

Name: _____ Name: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Phone: _____ Phone: _____

Section 2: We (I) hereby give our (my) permission for the above youth participant to participate in all facets of the **Professional Bowhunters Society Doug Kerr Memorial Traditional Values Youth Hunt and Conservation Education Camp**. We also give our permission for him/her to travel to and from and participate in the youth hunt and will not hold the **Professional Bowhunters Society**. Its officers, agents, members or representatives responsible for injury, liability, damage, action or cause of action that may arise in connection with participation by my child/ward in any activities related to the **Professional Bowhunters Society Doug Kerr Memorial Traditional Values Youth Hunt and Conservation Education Camp**.

We further state that we have completed the part of all forms which requires us to list all previous injuries or conditions which may affect his/her participation in this program. If we cannot be reached and in the event of an emergency, we also give consent for the **Professional Bowhunters Society** and its designated agents, consent to obtain through a hospital of its choice medical care as is reasonably necessary for the welfare of the youth participant listed on this form. We further state that the medical coverage listed below is in force and covers our child/ward for treatment that may be necessary.

Insurance Co. Name: _____ Contact: _____

Policy#: _____ Phone: _____

Our signature below indicates that we have read and agree to the terms set forth under Section 2 of this form.

Signature of Parent or Guardian: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____



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Youth Candidate's Name: _____

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Mentor's Name: _____ Social Security Number: _____

Address: _____ Date of Birth: _____

City, State, Zip: _____ Phone: _____

Mentor, please answer the following:

Relationship to youth candidate: _____

Detail your bowhunting experience: _____

Describe your bowhunting equipment: _____

Mentoring is more than spending a weekend hunting, describe how you will continue to build a relationship with the youth candidate? _____

List bowhunting organizations you currently belong to: _____

Section 3: This application to participate in the **Professional Bowhunters Society Doug Kerr Memorial Traditional Values Youth Hunt and Conservation Education Camp** is entirely voluntary on my part and is made with an understanding of the goals and expectation of conduct of the **Professional Bowhunters Society**. I hereby release the **Professional Bowhunters Society** and its officers from liability for any accidents or damage that I may encounter in preparation for and transportation to and from and participation in the actual hunt.

I have completed all portions of the application in a truthful manner and by my signature agree to all stipulations set forth in Section 3.

Signature of Mentor: _____ Date: _____



CONFIDENTIAL ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

A physical examination is required for each applicant in order to be considered eligible for participation in the Professional Bowhunters Society Youth Leadership Hunt. Physical examinations must be completed prior to arrival at camp. This examination must be certified by a physician, a physician assistant (PA), or a nurse practitioner (NP).

The certificate of physical examination is valid for the purpose of the Youth Hunt Application for one year. All information is to remain confidential.

Health History (Student athlete or parent/guardian to fill out one through thirty-three before exam.)
(Parent/Guardian is required to sign on the back of the form after the examination.)

QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (PLEASE PRINT)

Name _____ Male _____ Female _____ Date of Birth _____ Grade _____

Home Address _____ Phone Number _____

Parent's Name _____ Family Physician _____

Emergency Parent's Phone Number(s) _____ Physician Phone _____

Family Physician Phone Number _____

_____ Date _____ Student's Signature _____

- | | | | | | |
|-----------|-------|---|-----------|-------|--------------------------------------|
| Yes | No | Has this student had any: | Yes | No | Has this student had any: |
| 1. _____ | _____ | Chronic or recurrent illness | 16. _____ | _____ | Asthma |
| 2. _____ | _____ | Hospitalizations | 17. _____ | _____ | Epilepsy |
| 3. _____ | _____ | Surgery, other than tonsillectomy | 18. _____ | _____ | Diabetes |
| 4. _____ | _____ | Missing organs (eye, kidney, testicle) | 19. _____ | _____ | Eyeglasses or contact lenses |
| 5. _____ | _____ | Allergy to medications, If "yes" list allergies below | 20. _____ | _____ | Dental braces, bridges, plates |
| 6. _____ | _____ | Problems with heart or blood pressure | | | |
| 7. _____ | _____ | Chest pain with exercise | Yes | No | Is there a history of: |
| 8. _____ | _____ | Have you ever been told you have a heart murmur | 21. _____ | _____ | Injuries requiring medical treatment |
| 9. _____ | _____ | Dizziness or fainting with exercise | 22. _____ | _____ | Neck injury |
| 10. _____ | _____ | Frequent headaches, convulsions, dizziness or fainting | 23. _____ | _____ | Knee injury |
| 11. _____ | _____ | Concussion or unconsciousness | 24. _____ | _____ | Ankle injury |
| 12. _____ | _____ | Heat exhaustion, heat stroke or other heat problems | 25. _____ | _____ | Other serious joint injury |
| 13. _____ | _____ | Any illness lasting over a week | 26. _____ | _____ | Broken bones (fractures) |
| 14. _____ | _____ | Mononucleosis or anemia | | | |
| 15. _____ | _____ | Bladder/kidney infections in the past year | | | |
| Yes | No | Further History: | | | |
| 27. _____ | _____ | Is there any history of family or genetic diseases? | | | |
| 28. _____ | _____ | Has any family member died suddenly at less than 40 years of age of causes other than an accident? | | | |
| 29. _____ | _____ | Has any family member had a heart attack at less than 55 years of age? | | | |
| 30. _____ | _____ | Are you uncomfortably short of breath after running 1/2 mile (two times around the track) without stopping? | | | |
31. List all medications you are presently taking and what condition the medication is for:
 A. _____
 B. _____
 C. _____

32. Date of last known tetanus (lockjaw) shot: _____ .

33. Use this space to explain any of the above numbered YES answers and/or to provide any additional information:

PHYSICAL EXAMINATION RECORD (to be completed by a Licensed Professional)

This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance examinations.

Name _____ Height _____ Weight _____

Pulse _____ Blood Pressure _____ Hemoglobin (optional) _____ UA (optional) _____

	Normal	Abnormal Findings	Initials
1. Eyes Left /20 Right /20 Pupils	_____	_____	_____
2. Ears, nose and throat	_____	_____	_____
3. Mouth and teeth	_____	_____	_____
4. Neck	_____	_____	_____
5. Cardiovascular	_____	_____	_____
6. Chest and lungs	_____	_____	_____
7. Abdomen	_____	_____	_____
8. Skin	_____	_____	_____
9. Genitals-Hernia	_____	_____	_____
10. Musculoskeletal: ROM, Strength, etc.	_____	_____	_____
11. Neurological	_____	_____	_____

Comments regarding abnormal findings/recommendations:

Participation Recommendation:

- _____ Full and unlimited participation
- _____ Limited participation
- _____ Clearance pending documented follow-up of:
- _____ No athletic participation

Date Licensed Professional's Name (Print)

Phone Number Signature

PARENT'S OR GUARDIAN'S PERMISSION AND RELEASE

I hereby give my consent for the above student to engage in approved athletic activities associated with the Professional Bowhunters Society Youth Leadership Hunt, except those indicated above by the licensed professional. I also give my permission for a PBS-chosen or other qualified personnel to give first aid treatment to my child in case of injury. If emergency service involving medical action or treatment is required and the parent(s) or guardian(s) cannot be contacted, I hereby consent for the youth named above to be given medical care by the doctor or hospital selected by the professional Bowhunters Society.

Typed or printed name of parent or guardian Signature of parent or guardian

Date Address Phone Number

Insurance (Company Name)

ALL INFORMATION IS TO REMAIN CONFIDENTIAL



Professional Bowhunters Society Doug Kerr Memorial Traditional Values Youth Leadership Hunt Non-Custodial Mentor Application

Youth Candidate's Name: _____

Mentor's Name: _____ Social Security Number: _____

Address: _____ Date of Birth: _____

City, State, Zip: _____ Phone: _____

Relationship to youth candidate: _____

References, Please list those who are familiar with your character as it relates to working with youth. References will be checked when necessary.

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Do you use illegal drugs? Yes No

Have you ever been convicted of a criminal offense? Yes No

Have you ever been charged with child neglect or abuse? Yes No

Are you a registered sex offender? Yes No

Has your driver's license ever been suspended or revoked? Yes No

Other than the above, is there any fact or circumstance involving your or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? Yes No

If you answered yes to any of the above, please explain: _____

I understand that the information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me, or by conducting a criminal background check. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also **agree** to hold harmless the **Professional Bowhunters Society** and its officers, employees, and volunteers thereof.

I have completed all portions of the application in a truthful manner and by my signature agree to all stipulations set forth.

Signature of Mentor: _____ **Date:** _____

We (I) hereby give our (my) permission to the above named Mentor to accompany my son or daughter on the **Professional Bowhunters Society Doug Kerr Memorial Traditional Values Youth Leadership Hunt and Conservation Education Camp.**

Signature of Parent or Guardian: _____ **Date:** _____

Signature of Parent or Guardian: _____ **Date:** _____