



NATIONAL REGISTRATION NC Lions VIP Fishing Tournament October 21-23, 2024

(To be filled out by participants and volunteers coming
with a group, including Lions)

Office Use Only	
Date Received:	_____
Amount Received:	_____
Check Number:	_____
Refund Check #	_____
Refund Amount:	_____
Date:	_____

Directions: Please type or print. The number of applicants will be limited to 344. Applications are first come, first serve. **No refunds after October 1.** Each person attending must fill out an application and including all drivers, workers, spouses, volunteers and guides requiring accommodations. Otherwise, rooms are not guaranteed. Forms must be filled out completely and signed or they will be returned and then put in order of acceptance according to the date of the envelope on the next mailing. Registration includes accommodations, six meals, fishing and educational workshops. Send application and **registration fee of \$125 for VIPs or \$175 for sighted individuals.** Registration covers Monday-Wednesday (three nights). Regular room rates apply for each additional night requested, if available. Do not contact the hotel directly. Send application to: Gwen White, Executive Director, PO Box 140, Columbia, NC 27925. Phone: (252) 202-2329. Make checks payable to the NC Lions VIP Fishing Tournament, Inc. **Registration deadline is Aug. 15, 2024.**

1. Name for badge: _____

Last _____
First _____
Nickname _____

2. Address: _____

Mailing Address _____
County of Residence _____

City _____
State _____
Zip Code _____

Are you a Lion? Yes No Which club: _____

3. Birth Date: _____ Age: _____ Sex: M F Home Phone: _____
 (Information used only for statistics to get average age of volunteers and medical if needed, and is not shared)

4. Work Phone: _____ Cell: _____ Email: _____

5. Check One: Sighted Totally Blind Legally Blind Newly Blind

6. There could be several people to a room. Who is your preferred roommate? _____

7. If you are placed on the waiting list, what is your preference:
 Contact me no later than two weeks prior to the tournament.
 Contact me up to the last minute of an opening.

8. You should arrive between 3:00 p.m. and 5:00 p.m. on Monday (Hotels may not be ready for check-in before then). Who is providing your transportation?

 Name of organization or individual What county? _____

9. In case of an emergency, call:

Name _____
Home/Cell Phone _____
Work Phone _____

A completed and signed Medical History Form must be submitted with the application. If you are hospitalized within 30 days prior to the fishing tournament, a physician's release form must be provided.

10. Do you use a wheelchair or walker? Yes No If yes, check which: Wheelchair Walker

11. Check preference: Braille Large Print Normal Print Audio (you must bring DVD player)

12. Do you have a hearing problem? Yes No Do you need to borrow a free assisted listening device from the Division of Deaf and Hard of Hearing? Yes No

13. The meals are donated. We cannot provide special meals to meet specific dietary, medical and religious needs.

Choice for	Monday Dinner	BBQ Pork _____	BBQ Chicken _____
Choice for	Tuesday Dinner	Fish _____	Chicken Tenders _____
	Wednesday Banquet	Pork Loin _____	

14. Check fishing preference. If no preference, leave blank. (We will make every effort to meet your request, but since the number able to fish on a boat is limited, we make no guarantees). Boat Pier
15. Have you attended before? Yes No If yes, how many years? _____

Important Information: The NC Lions VIP Fishing Tournament is “come at your own risk.” Masks are optional and no proof of Covid-19 vaccination will be required. Any volunteer who is involved in an accident or witnesses an accident while working on behalf of the event should promptly report the incident by calling (252) 202-2329. Requests for medical assistance should be reported to on-site medical personnel and Executive Director Gwen White.

NC Lions VIP Fishing Tournament Waiver and Compliance

In accordance with Executive Order 116, enacted March 10, 2020 and Session Law 2020-89 House Bill 118 Covid 19, I understand and agree that Covid 19 is a serious national pandemic/endemic that the NC Lions VIP Fishing Tournament, Inc., North Carolina Lions Inc., Lions International, Lions clubs and volunteers have taken certain measures to mitigate in holding the NC Lions VIP Fishing Tournament. However, nothing can be absolutely safe during this environment and I accept the risk that I may be exposed and may contract Covid 19 by participating in this event. The NC Lions VIP Fishing Tournament has mitigated through steps of social distancing, outside activities as much as possible, voluntary mask use, and the encouragement of personal responsibility in taking preventive measures before attending the event. I also certify that if I am exposed to any known source or contact that has tested positive for Covid 19 within the 14-day period prior to the tournament, I will notify tournament officials. Group events like this inherently contain risk of contact with other people, and the possibility of transmitting or receiving Covid 19, and I expressly waive and absolve the organization, volunteers, Lions clubs, and the sponsors, in all their various entities of any legal action, complaint, or demand for damages brought by me or my assigns or beneficiaries.

No alcoholic beverages or illegal drugs may be in an applicant's possession or consumed on tournament premises. Any participant found violating this regulation will be sent home and barred from future events. When the NC Lions VIP Fishing Tournament accepts this application, I, the undersigned, do hereby release and discharge the NC Lions VIP Fishing Tournament, and any of its agents, affiliates, employees, and servants from any and all claims, liabilities, demands, or rights which I, or any of my friends or relatives, may have against said Tournament or its agents, affiliates, employees, or servants on account of connecting with or growing out of any injury, accident, loss, or damage or suffering, I or my immediate family may hereafter sustain arising out of acceptance of this application.

I further agree to release to the NC Lions VIP Fishing Tournament all rights and privileges to photographs taken of me for use in Fishing Tournament publicly that is in the proper interest of the event. I have read, or caused to be read to me, the foregoing and do hereby acknowledge that I fully understand each and every part thereof. I acknowledge these regulations and agree to abide by them.

This _____ day of _____, 2024 _____ (Printed Name)

_____ (Signature) _____ (Witness)

Attention Group Leader or Care Giver: I certify, to the best of my knowledge that this applicant is physically able to fish from a pier or boat and participate in activities. If there are any accidents or medical needs while at the tournament, you are required to call (252) 202-2329.

_____ (Required)
Group Leader's Signature

NC LIONS VIP FISHING TOURNAMENT, INC.
Medical History Form - National Participant / Caregiver

The NC Lions VIP Fishing Tournament is a three-day event for educational, recreational, and personal growth opportunities designed for persons with blindness or visual impairment. Participants can engage in a variety of activities - fishing, sightseeing, seminars and more. It is essential for participants to be capable of managing their personal care and demonstrating life skills such as eating, bathing, dressing and toileting. Alternatively they can bring a caregiver to assist them with these needs.

NOTE: NO SPECIAL DIETS ARE AVAILABLE AT THE FISHING TOURNAMENT.

This information should not be completed until after April 1, 2024. In the event that a participant/caregiver has been hospitalized within 30 days prior to their arrival, a physician's release form must be provided.

Patient's Name: _____

DOB: _____

Known Drug and/or Food Allergies: _____

CARDIOVASCULAR HISTORY

Bleeding Disorder ___Yes ___No
CHF ___Yes ___No
Heart Attack ___Yes ___No
Hypertension ___Yes ___No
Pacemaker ___Yes ___No

COMMUNICABLE DISEASE HISTORY

Hepatitis A, B, C ___Yes ___No
If yes, specify type: _____

DIABETES HISTORY

Stable ___Yes ___No
Hypoglycemia ___Yes ___No
Insulin Dependent ___Yes ___No

NEUROLOGICAL HISTORY

Seizures ___Yes ___No
Date of last seizure _____
Alzheimer's/Dementia ___Yes ___No
Anxiety/Panic Disorder ___Yes ___No
CVA/TIA ___Yes ___No
Developmental Disability ___Yes ___No
Dizziness/Fainting ___Yes ___No
Mental Illness ___Yes ___No

Parkinson's Disease ___Yes ___No

PULMINARY HISTORY

Asthma ___Yes ___No
COPD ___Yes ___No
Emphysema ___Yes ___No
Oxygen Dependent ___Yes ___No

RENAL DISEASE HISTORY

Dialysis ___Yes ___No
Kidney Disease ___Yes ___No

GENERAL HEALTH ISSUES

Hearing Problems ___Yes ___No
Hearing Aids ___Yes ___No
Mobility Issues ___Yes ___No
Devices Used _____
Sleepwalk ___Yes ___No
Use CPAP Machine ___Yes ___No

Vision: _____ Visually Impaired (20/70)
 _____ Legally Blind

***VIPs must bring all mobility devices, CPAP, and oxygen equipment.

Is participant/caregiver a smoker? ___ Yes ___ No

“IMPORTANT: MEDICATIONS”

Please attach a legible list of Current Medications with complete instructions.

Additional Recommendations from physician:

This patient’s medical status is stable and controlled. In my opinion this patient is able to attend the event described above. ___ Yes ___ No

This patient is their own legal guardian and is able to make their own medical care decisions. ___ Yes ___ No

If no, list the Legal Guardian’s name: _____

Date of last Tetanus Shot: _____

Date of last Medical Exam: _____

Required List for Recommended/Additional Medical Information:

If the patient is insulin dependent, there needs to be a sliding scale or dosage order, including medication list provided by the family physician and/or endocrinologist. Please include sliding scale and/or dosage order on the required medication list.

Go Home Policy will be enforced if medical staff deem any patient medically unstable. This includes but is not limited to:

- ___ Extreme spike in high and low blood glucose levels
- ___ Extreme blood pressure fluctuations
- ___ Fall Risk
- ___ Absence of required medication being taken
- ___ Hospitalization within one (1) month prior to the event without medical clearance from their primary physician.
- ___ Participant/Caregiver must be self-sufficient, able to be deemed medically cleared to participate in activities. The medical staff is aware that VIPs have accidents or have an off-day, but repetitive health dangers may lead to a VIP being considered medically unsuitable to continue their stay.

VISUAL ELIGIBILITY REQUIREMENTS:

A participant/caregiver must be legally blind or have a "severe visual impairment" (a severe visual impairment is defined as 20/70 or more in the best eye, with correction), and possess life skills that demonstrate full independence. Full independence includes: eating, dressing, and personal hygiene. Additionally, a participant/caregiver's primary disability must be vision related.

PHYSICIAN'S INFORMATION:

Physician's Signature: _____

Date: _____

Practice Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

MAIL MEDICAL HISTORY FORM w/COMPLETED APPLICATION TO:

NC Lions VIP Fishing Tournament, Inc.
Attn: Gwen White, Executive Director
PO Box 140, Columbia NC 27925

FOR APPLICATION INQUIRIES

Telephone: 252-202-2329

Email: whitelnk1@earthlink.net

Participant/Caregiver Signature

Witness Signature

Print Name

Print Name

Date

Date