



STATE 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 #	_____
RefundAmount:	_____
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. Participants who have filled out a required Medical History Form to attend Camp Dogwood can authorize use of the same form. A waiver is on the form. 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.

_____ Group Leader’s Signature (Required)

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

HIPPA Statement:

I, _____, (participant/caregiver) give the North Carolina Lions Foundation permission to send a copy of my Medical History Form used for Camp Dogwood 2024 to the NC Lions VIP Fishing Tournament, Inc.

Participant/Caregiver Signature

Witness Signature

Print Name

Print Name

Date

Date