

## 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.

cne	cks payable to the NC I	Lions VIP Fishing Tournament, Inc.	Registration deadline is Aug	1. 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:(Information used o	Age:		ne Phone: al if needed, and is not shared)		
4.	Work Phone:	Cell:	E	mail:		
5.	Check One: Sighted Totally Blind Legally Blind Newly Blind					
6.	There could be seve	eral people to a room. Who is yo	our preferred roommate?			
7.	If you are placed on	If you are placed on the waiting list, what is your preference:				
		o later than two weeks prior to t p to the last minute of an openir				
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	on or individual	V	/hat county?		
9.	In case of an emergency, call:					
	Name		Home/Cell Phone	Work Phone		
Hist	tory Form to attend Car		the same form. A waiver is on	pants who have filled out a required Medical the form. If you are hospitalized within 30		
10.	Do you use a wheel	chair 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 borro				ree assisted listening device from the		
	Division of Deaf and Hard of Hearing? Yes No					
13.	The meals are dona	ated. We cannot provide special	meals to meet specific dieta	ary, medical and religious needs.		
	Choice for Choice for	Monday Dinner Tuesday Dinner Wednesday Banquet	BBQ Pork Fish Pork Loin	BBQ Chicken Chicken Tenders		

			Group Leader	's Signature		(Required)
pier	ention Group Leader or Care Givention or boat and participate in activities (252) 202-2329.					
		(Signature)				(Witness)
This	day of	, 2024				(Printed Name)
Fish do h	ther agree to release to the NC Lic ing Tournament publicly that is in t ereby acknowledge that I fully und nem.	he proper interest of the	he event. I have rea	ad, or caused	d to be read to me	, the foregoing and
four acce its a or re grov	alcoholic beverages or illegal drugs of violating this regulation will be appts this application, I, the undersing gents, affiliates, employees, and selatives, may have against said Towing out of any injury, accident, loseptance of this application.	sent home and barred gned, do hereby releas ervants from any and a urnament or its agents	d from future even se and discharge the all claims, liabilities s, affiliates, employ	ts. When the he NC Lions s, demands, dees, or serva	e NC Lions VIP F VIP Fishing Tour or rights which I, c ants on account of	ishing Tournament nament, and any of or any of my friends connecting with or
and Lior Fish and soci takii test this wai	NC Lice coordance with Executive Order 110 agree that Covid 19 is a serious not so Inc., Lions International, Lions or ing Tournament. However, nothing may contract Covid 19 by participal distancing, outside activities as representative measures before attended positive for Covid 19 within the inherently contain risk of contact were and absolve the organization, we plaint, or demand for damages broughts.	ational pandemic/ende lubs and volunteers ha can be absolutely safe ating in this event. The much as possible, volu- ending the event. I also 14-day period prior to with other people, and volunteers, Lions clubs	2020 and Session Lemic that the NC Li ave taken certain reduring this envirouse NC Lions VIP Figure 19 and 19 and 19 and 19 are to certify that if I among the tournament, I the possibility of trees, and the sponsor	aw 2020-89 lons VIP Fish measures to inment and I shing Tourna and the encour exposed to a will notify to cansmitting ors, in all their	House Bill 118 Co- ing Tournament, I mitigate in holding accept the risk that ament has mitigate agement of perso any known source urnament officials r receiving Covid	nc., North Carolina of the NC Lions VIP t I may be exposed ed through steps of nal responsibility in or contact that has . Group events like 19, and I expressly
Cov beh	ortant Information: The NC Lions id-19 vaccination will be required. alf of the event should promptly reprised to on-site medical personnel and the content of the content	Any volunteer who is eport the incident by o	involved in an according (252) 202-2	cident or with	esses an accider	nt while working on
15.	Have you attended before?	Yes No	If yes, how many	years?		
	number able to fish on a boat is		•	Boat	Pier	Proceedings of the second seco
14.	Check fishing preference. If no p	oreference, leave blar	nk. (We will make	every effort	to meet your req	uest, but since the

## NC LIONS VIP FISHING TOURNAMENT, INC.

Medical History Form - State 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	Parkinson's Disease	YesNo
Bleeding Disorder	YesNo		
CHF	YesNo	PULMINARY HISTORY	<u> </u>
Heart Attack	YesNo	Asthma	YesNo
Hypertension	YesNo	COPD	YesNo
Pacemaker	YesNo	Emphysema	YesNo
COMMUNICABLE DI	SEASE LUSTODY	Oxygen Dependent	YesNo
COMMUNICABLE DI		DENAL DISEASE LIS	TODV
Hepatitis A, B, C	YesNo	RENAL DISEASE HIST	
If yes, specify type:	<del></del>	Dialysis	YesNo Yes No
<b>DIABETES HISTORY</b>	•	Kidney Disease	YesNo
Stable	Yes No	GENERAL HEALTH IS	SUES
Hypoglycemia	Yes No	Hearing Problems	Yes No
Insulin Dependent	Yes No	Hearing Aids	Yes No
-	1 ——— ) ————	Mobility Issues	Yes No
NEUROLOGICAL HIS	<u>STORY</u>	Devices Used	
Seizures	YesNo	Sleepwalk	YesNo
Date of last seizure		Use CPAP Machine	YesNo
Alzheimer's/Dementia	YesNo		
Anxiety/Panic Disorder	YesNo	Vision: Visually Ir	npaired (20/70)
CVA/TIA	YesNo	Legally Bl	ind
Developmental Disability	YesNo		
Dizziness/Fainting	YesNo	***VIPs must bring all mob	ility devices, CPAP,
Mental Illness	YesNo	and oxygen equipment.	

Is participant/caregiver a smoker?YesNo
"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 aboveYesN
This patient is their own legal guardian and is able to make their own medical care decisionsYesN
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 include 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
participate in activities. The medical staff is aware that VIPs have accidents or have an off-day, be repetitive health dangers may lead to a VIP being considered medically unsuitable to continue the 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/COMF	PLETED 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@eathlink.net	
HIPPA Statement:	
I,	, (participant/caregiver) give the North Carolina Lions ny Medical History Form used for Camp Dogwood 2024 to
Participant/Caregiver Signature	Witness Signature
Print Name	Print Name
Date	Date