



YOUTH APPLICATION

Hunter Information:

Name: _____ D.O.B. \ \ \ Age _____
Social Security Number _____ Sex: Male ___ Female ___
Height _____ Weight _____ Eyes _____ Hair _____

Disease \ Illness diagnosis or permanent disability:

Wheel Chair Bound: Yes ___ No ___

Parent (s) or Guardian Information:

Fathers Name _____	Mothers Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____ - _____ - _____ Home	Phone _____ - _____ - _____ Home
Phone _____ - _____ - _____ Cell	Phone _____ - _____ - _____ Cell
E-mail _____	E-mail _____

Medical Information:

Physician Name _____
Hospital or Treatment Facility _____
Address _____ City _____ State _____ Zip _____
Office Phone _____ - _____ - _____ Fax _____ - _____ - _____
E-mail _____

Summary of Physical Limitations:

Special needs or accommodations:

Please select the Outdoor Experience you would like to have: Hunting___ Fishing___

Hiking___ Camping___ Boating___ Horseback riding___

Have you ever participated in any of these activities? If so, which ones? _____

Please rank your interest in hunting the following species from 1 to 10, with 1 being your first choice and 10 your last choice.

Antelope ____, Whitetail Deer ____, Mule Deer ____, Javelina ____, Bighorn Sheep ____, Buffalo ____, Elk ____, Bear ____, Turkey ____, Mountain Lion ____.

Have you ever hunted before? Yes ___ No ___ If yes, what type of hunting?

Stand ____, Ground Blind ____, Spot and Stock ____.

Has the applicant successfully completed the hunter education class? Yes ___ No ___
If yes, in what state _____? What is the number _____?

If under age 14, will the applicant be able to complete a hunter education course in their home state prior to the tag being transferred? Yes ___ No ___.

Have you ever fished before? Yes ___ No ___ . If yes, what type of fishing?

Bait Cast Reels ____, Fly Fishing ____, Close Faced Reels ____, Open Faced Reels ____.

If you have fished, in what type of waters: Lakes ____, Streams ____, Boat ____, Shore line ____.

Due to past experiences it is important that we know any limitations that the applicant has: Example: can the applicant walk if yes how far before they need rest. If the applicant is in a wheel chair is it a motorized or must it be pushed by someone else. Does the motorized chair need to be charged? Does the applicant need oxygen tanks? Please be as detailed as possible so that we have the ability to provide the best experience as possible.

Please attach another page if needed.

Tag Transfers:

A hunter education course is not required for fishing. A valid fishing or combination license is required for resident and nonresident anglers 14 years of age or older fishing any public accessible water in Arizona. Youth under the age of 14 and blind residents do not need to purchase a state fishing license to fish in Arizona.

Under Arizona Revised Statutes and Arizona Game and Fish Commission rules there are specific conditions that allow for the transfer of a big game tag to a child. First, a person may transfer his or her big game tag to a child with life threatening or life limiting medical condition. Also, a person may donate their big game tag to a nonprofit organization that provides hunting opportunities to children with life threatening medical conditions or qualifying permanent physical disabilities. The Outdoor Experience 4 All meets the criteria to handle the transfer of any tags that are donated, and we strive to have an inventory of available hunts.

Has the applicant successfully completed the hunter education class?

Yes ___ No ___. If yes, in what state _____? What is the number _____?

If no, will the applicant be able to complete a hunter education course in their home state prior to the tag being transferred? Yes ___ No ___.

Physically Challenged Hunters:

Those hunters who are physically challenged may qualify for a Challenged Hunter Access/Mobility Permit (CHAMP). Consult R12-4-217 for a description of this permit. Contact the Arizona Game and Fish Department office at 602-942-3000 for additional information and application. www.azgfd.com.

The Outdoor Experience 4 All provides just about everything we need for our outdoor adventures. We handle the food, hunting and fishing license, tags and stamps. In some cases we provide special equipment and transportation. Lodging is always provided and may consist of tents, trailer, cabins, or hotels depending on location, weather conditions, or the needs of our participants and their families. Thank you very much for your interest in The Outdoor Experience 4 All; we consider it an honor to work with you and your family!



The Outdoor Experience 4 All is a non-profit organization seeking to grant an Outdoor Experience for children (17 & under) with life-threatening illnesses wanting to participate in hunting or fishing experience. The Outdoor Experience 4 All requires the execution of this comprehensive waiver as follows:

Entry or Release of all claims:

In consideration of my acceptance or entry in the “The Outdoor Experience 4 All”, I release “The Outdoor Experience 4 All” and all volunteers who are connected with this, from any liability or claims of injury to body or property or illness that I sustain during my participation in the Outdoor Experience, I understand that this applies to myself, my personal helpers/traveling companions, heirs and assigns. I represent that I am capable of participation and acknowledge that this release is being relied upon by the above named organization in permitting me to participate. I also grant full permission to any and all foregoing to use any photographs, recordings, or any other records of this Outdoor Experience for any legitimate purpose.

I, _____ agree that my successors, heirs, and assigns to hold harmless and forever indemnify “The Outdoor Experience 4 All” its Board of Directors, Agents/Outfitters/Charter Boat Captains, and collaborators from any and all liability associated with any injuries sustained in association with, or during the execution of the DREAM OR EVENT as set forth and otherwise facilitated by the “The Outdoor Experience 4 All”.

This understanding is hereby executed on this ____ day of _____, 20__ and evidence by the signatories as set forth below:

Parent or Guardian

The Outdoor Experience 4 All
Board Member

Signed before me on this ____ day of _____, 20__

Notary Public

Witness



Medical Questionnaire

The following information will help your Outdoor Experience 4 All team provide the most enjoyable and safest hunt possible.

Disease or condition: _____

Physician or Nurse Practitioner contact:

Name: _____

Phone: _____ E-mail: _____

*Please contact your health care provider to authorize relevant communication with physician liaison Carla Denham MD, 602-512-5696, cdenham@hov.org.

Please check all that the hunter uses or has:

- _____ Crutches
- _____ Wheelchair
- _____ Motorized wheelchair
- _____ Oxygen
- _____ Tracheotomy
- _____ Colostomy or urostomy
- _____ Indwelling intravenous catheter
- _____ CPAP or BiPAP machine

Is the hunter currently undergoing chemotherapy? _____

Please list medications:

Please list allergies:

Does the hunter have any dietary restrictions or special needs?



Terms and Conditions of the Outdoor Experience 4 All

I _____ (Name of Parent or Guardian) have read and here by certify that I understand what is required by us as a parent or guardian of our youth applicant in order for he or she to participate in the Outdoor Experience 4 All. I understand that in some cases through donations some of the expenses may be covered for the youth. It is understood that and agreed by the parent or guardian

(Name Parent or Guardian name) that The Outdoor Experience 4 All or any of the groups of volunteers or individual volunteers are not responsible for any of the monies spent by the parent or guardian unless otherwise donations are available at the time of the application and tag transfer has been completed for the Outdoor Experience and any expenses have been approved by and through The Outdoor Experience 4 All and it's volunteer groups or volunteer individuals.

I _____ (Name Parent or Guardian name) acknowledge that I have no authorization to make purchases or arrangements on behalf of The Outdoor Experience 4 All and it's volunteer groups or volunteer individuals without written consent from The Outdoor Experience 4 All and it's volunteer groups or volunteer individuals.

Signature of parent or guardian _____ on behalf of the

Youth applicant _____, Date _____
(Youth Name)

Signed and sworn before me on _____ (Date)

Notary _____

Notary Seal:



Physician Health Status Release Form

I _____ (name of parent or guardian) grant The Outdoor Experience 4 All permission to contact the applicants

_____ (name of child)

Attending physician regarding my child's health status and permission for the attending physician to release any medical information that may be needed to The Outdoor Experience 4 All. Any medical information needed will be submitted on letter head showing the physician's name, license number, youth's name, condition and that is considered a life threatening illness.

Parent or Guardian Signature

Date