



# PHEASANTS FOREVER

## **North Central PA Pheasants Forever Youth Outdoor**

### **Introduction**

The North Central PA Pheasant Forever Youth Outdoor project will be successful through the help of various organizations working together. This is a great project for our organization started in 2009. Since that time we have taken 16 great kids and their families on hunting and outdoor adventures at Queenstown Lodge near East Brady, PA, Fork Ridge Ranch near Frenchville, PA and the St Marys Sportsmen's, St. Marys, PA. The volunteers, kids and families hunt, ride UTVs, geocache, fish, kayak and eat as well as create memories to last a lifetime.

The Elk County Community Foundation as well as a network of others will advertise for referral applications of youth in the Elk County and surrounding areas. Qualifications will include youth under 21 years old with a terminal illness or permanent disability. Applications must be accompanied by a letter from a physician on letterhead or prescription pad, stating the youngsters name is a patient, type of life-threatening illness and that it is life-threatening or the severely limiting disability.

On receipt of the applications, a selection committee made up of North Central PA Pheasants Forever Chapter 630 members will screen and select applicant(s). There is no guarantee of selection. The number of participants will depend on available funds, facilities and volunteer time. Priority of selection will be towards those applicants with life-threatening situations as certified by a physician as well as kids that live in and near Elk County PA.

The next steps will vary depending on the urgency of the application.

Various hunting, fishing, or other suitable and available outdoor event or activity will be included as requested. Hunting seasons and physical limitations will also define the individualized plan for the outdoor experience. These options will also change as we get more organizations on board to work with the children. At least originally, we will only provide experiences in the local and western PA area.

Food, and lodging for the participant and parent(s) or guardian(s) not to exceed 2 adults. Photography, video, and taxidermy may be provided under limited terms. The outdoor experience may also provide processing of trophy, shipping fees and assistance in locating needed gear and equipment for the outing. We hope that we can encourage local bird farms, outfitters and hunting stores to make donations as needed.

Pheasants Forever Guideline for Protecting Kids, Volunteers and our Chapters will be used in this program. The primary purpose of these guidelines is to protect kids and make the environment of PF & QF sponsored youth events unsuitable for the sexual predator and/or abuser. In addition, they are meant to protect volunteers and chapters from false accusations of abuse.

We hope to make this a very fulfilling project for the kids and the volunteers!

Please be sure to include the following in your application packet. Be sure that all forms are complete and signed.

1. Pheasants Forever Youth Outdoor Youth Referral Application
2. Letter from the child, in their words, as to why this is their Dream
3. A picture of the child for our files
4. Physicians Statement on letterhead or prescription pad
5. Pheasant Forever Youth Outdoor Waiver of Liability

**This year's event is scheduled for the weekend of September 7-9, 2018**

**at Queenstown Lodge near East Brady, PA.**

**Deadline for returning a complete application is July 15, 2018.**



# North Central PA Pheasants Forever Youth Outdoor

## Youth Referral Application

Elk County Community Foundation, P.O. Box 934, St. Marys, PA 15857

### Applicants Information

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_

Illness: \_\_\_\_\_

Is this a RUSH dream? YES NO      Is this Individual aware of the life-threatening condition? YES NO

Social Security #: \_\_\_\_\_ Sex: MALE FEMALE

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Clothing Sizes: Jacket: \_\_\_\_\_ Boots: \_\_\_\_\_

### Parents/Guardian Information

Legal names, as they appear on your licenses. Nicknames may slow your application process.

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_      City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ 2<sup>nd</sup># \_\_\_\_\_      Phone: \_\_\_\_\_ 2<sup>nd</sup># \_\_\_\_\_

eMail: \_\_\_\_\_ eMail: \_\_\_\_\_

### Medical Information

Physicians Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Treatment Facility/Hospital: \_\_\_\_\_

Summary of Physical limitations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Needs or Accommodations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Outdoor Experience – The Dream**

What type of Outdoor Experience does the youth want?

Hunting \_\_\_\_\_

Outdoors \_\_\_\_\_

Has the youth ever hunted/fished before? YES NO Do they presently have a license to hunt/fish? YES NO

Have they ever had a hunter safety course? YES NO

If yes, when? \_\_\_\_\_ Please attach a copy of the certificate.

Have you ever participated in any other program such as this? YES NO

If Yes, Please Explain: \_\_\_\_\_

**Physicians Statement**

Physicians must have a separate form on letterhead or prescription pad, stating youngsters name, type of life-threatening illness and that it is life-threatening or the handicap with description.

NOTE: Physicians please ATTACH a statement as to the type of Life-Threatening/Terminal illness the applicant has.

Parents - Please initial that you understand that a physical statement must be attached to this application: \_\_\_\_\_

I certify that the above is true to the best of my knowledge.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Fill out completely and return to PFYO at the address above.**

**Include a letter from the child, in their words, as to why this is their Dream.**

**Please enclose a picture of the child for our files.**

How did you hear about the Pheasants Forever Youth Outdoor project? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# North Central PA Pheasants Forever Youth Outdoor

## WAIVER of LIABILITY

North Central PA Pheasants Forever #630 is a non-profit, charitable organization seeking to grant the DREAMS of CHILDREN (21 & Under) with disabilities and/or life-threatening illnesses seeking to participate in a hunting or fishing expedition. To that end Pheasants Forever requires the execution of this comprehensive waiver as follows:

Entry or Release of all claim:

In consideration of my acceptance or entry in the "Pheasants Forever Youth Outdoor" hunt or event, I release "North Central PA Pheasants Forever #630" and all volunteers who are connected with this hunt or event, from any liability or claims of injury to body or property or illness that I sustain during my participation in the hunt or event, 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 hunt or event for any legitimate purpose.

I, agree that my successors, heirs, and assigns to hold harmless and forever indemnify the "North Central PA Pheasants Forever", 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 hunt or event as set forth and otherwise facilitated by the "North Central PA Pheasants Forever."

I agree that this waiver is for our entire family.

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

PHEASANTS FOREVER YOUTH OUTDOOR PARTICIPANT (if over 18 years old) or Parent/Guardian

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Signature of participant \_\_\_\_\_

Print participant name \_\_\_\_\_

Names of other siblings and adults participating \_\_\_\_\_

\_\_\_\_\_

Signature parent/guardian #1 \_\_\_\_\_

Print parent/guardian #1 \_\_\_\_\_

Signature parent/guardian #2 \_\_\_\_\_

Print parent/guardian #2 \_\_\_\_\_

NORTH CENTRAL PA PHEASANTS FOREVER Agent

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