

A detailed illustration of a pheasant standing on a patch of red grass. Behind the pheasant is a large, bright yellow sun. The words "PHEASANTS" and "FOREVER" are written in a large, black, serif font on either side of the illustration.

# PHEASANTS FOREVER

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

### **Introduction**

Pheasants Forever North Central PA Chapter 630 is proud to sponsor the annual Foundation Hunt project for terminally ill and handicapped youth from our area. This project was started in 2009 and to date more than 40 qualified kids and their families have participated in this all expenses paid weekend adventure. The event takes place at the beautiful Queenstown Lodge near East Brady, PA where the kids, their families including siblings, and our volunteers enjoy great outdoor activities such as hunting, fishing, riding UTVs, geocaching, kayaking, and horseback riding. Memories to last a lifetime are created for all involved.

Pheasants Forever works in conjunction with The Elk County Community Foundation to locate, screen, and select applicants in north central PA and surrounding communities. Qualifications include youth under 21 years old with a terminal illness or permanent disability. The attached application must be accompanied by a letter from a physician on their letterhead or prescription pad stating the patient/youth's name, type of illness, and confirmation of a life-threatening or severely limiting disability.

There is no guarantee of selection. The number of participants will depend on available funds, facilities, and volunteer capacity. Priority selection will be towards those applicants with life-threatening situations as certified by a physician.

Physical limitations are considered for the outdoor activities and special requests will be considered. We will work with the families participating to create an individualized experience. We realize these illnesses affect the entire family and we want everyone to have a fun and relaxing time.

Food and lodging for the participant and parent/guardian(s) are not to exceed 2 adults. Photography and video may be taken onsite by Pheasants Forever and may be used on our website as well as at our outreach events.

As with all Pheasant Forever events, we take every measure of safety for the participant and their families.

It is our goal to make this a very fulfilling event for the kids, their families, and the volunteers!

Please be sure the following is included in your application packet:

1. Pheasants Forever Youth Outdoor Youth Referral Application
2. Letter from the child, in their words, as to why they would like to participate
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

Confirm all forms are complete and signed to avoid delays with your application.

**The 2024 event is scheduled for the weekend of September 13-15, 2024**

**Deadline for returning a completed application is August 15, 2024**



# 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 Individual aware of their life-threatening condition? YES NO

Sex: MALE FEMALE

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

### Parents/Guardian Information

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

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

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

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

### Sibling Information

Siblings that will be in attendance.

Sibling's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sibling's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Sibling's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sibling's Name: \_\_\_\_\_ Age: \_\_\_\_\_

**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 illness and a notation that it is life-threatening, or a description of the handicap.

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 application is true to the best of my knowledge.

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

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

**Fill out completely and return to the Elk County Community Foundation at the address above.**

**Include a letter from the child, in their words, why they want to participate.**

How did you hear about the Pheasants Forever Foundation Youth Hunt?

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# 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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