



## **Women LISTEN Fly Fishing Retreat July 7 - 9, 2017**

**Applications Due June 16, 2017**

### **Application Instructions**

Attached to this page are three documents that need to be filled out and returned to me at the address listed below. If you experience any difficulty, please call for assistance. I will look forward to receiving your completed forms. Once I receive these forms, they will be given to retreat staff members who will screen and select all participants according to the following guidelines:

#### Priority List

1. Women cancer survivors who have attended Women LISTEN group meetings held on Fridays at the University Center Mall from 10 - 11:30 AM and have never attended the fly fishing retreat previously.
2. Women cancer survivors who have not attended Women LISTEN group meetings.
3. Women who have previously attended a fly fishing retreat may apply for the retreat but they may only be accepted if fewer than twelve women cancer survivors from the top two priority groups do not fill the designated spots.

Applications will be reviewed as soon as possible after submission and I will contact you to inform you about your acceptance. If twelve individuals are accepted prior to the deadline date, you will be contacted to determine if you want to be on a waitlist. If you have any questions about the screening process, please feel free to contact me.

After you are accepted for the retreat, I will forward to you additional information about the camp location and directions to the camp, the retreat schedule, and clothing and other items to bring along to the retreat. Again, if you have any questions, feel free to contact me. I'll look forward to receiving your application forms.

Jan Schnorr  
3034 Brittany Place  
Anchorage, AK 99504  
(907) 538-1818  
[Janiceinak@gmail.com](mailto:Janiceinak@gmail.com)



## Participant Registration Form (Please Print Clearly)

Applications due June 16, 2017

*Women LISTEN does not share your medical information with any third party providers without your permission.*

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

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

City, State, Zip Code: \_\_\_\_\_

Daytime Tel: \_\_\_\_\_ Evening Tel: \_\_\_\_\_

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

Birth date: \_\_\_\_\_ Occupation: \_\_\_\_\_

Ethnicity (optional):  African-American  Asian  Caucasian  Hispanic  Other \_\_\_\_\_

In case of an emergency, please contact: \_\_\_\_\_ Relationship to you \_\_\_\_\_

Emergency contact number(s) Before 5:00 p.m.(\_\_\_\_) After 5:00 p.m. (\_\_\_\_)

Approximate date of your cancer diagnosis: \_\_\_\_\_ Your stage of cancer currently: \_\_\_\_\_

Surgery (Brief description) \_\_\_\_\_

Date: \_\_\_\_\_ Dominant Hand:  Left  Right

Type of surgery:  Lumpectomy  Mastectomy  Axillary Lymph Node Dissection  Sentinel Node Biopsy

Chemotherapy:  Yes  No Treatment Dates: \_\_\_\_\_

Radiation:  Yes  No Treatment Dates: \_\_\_\_\_

Reconstruction:  Yes  No Type: \_\_\_\_\_

Recent surgeries, if any: \_\_\_\_\_

Recent treatments, if any: \_\_\_\_\_

Is there any history of swelling in your arm, chest, or abdomen?  Yes  No

If yes, please explain \_\_\_\_\_

Do you have any physical or mobility restrictions, limitations or other medical conditions that we should know about?

Yes  No If yes, please explain \_\_\_\_\_

Explain any current special medication considerations (e.g. storage needs)? \_\_\_\_\_

Explain any dietary restrictions/allergies \_\_\_\_\_

You will be sleeping in a small cabin with one or two other participants. Explain any special needs (CPAP machine for sleeping) or concerns that we should know about affecting you at this retreat \_\_\_\_\_

Indicate any psychological/social concerns that you would like to discuss at the retreat:

- Fear of recurrence    Body image    Depression or anxiety    Relationship issues    Chemo brain
- Concerns with medical caregivers    Managing day to day concerns
- Physical symptoms such as fatigue, trouble sleeping, pain \_\_\_\_\_
- Other \_\_\_\_\_

Do you belong to any cancer support group? If so, name \_\_\_\_\_

Have you ever fished before?    Yes    No      Fly-fished?    Yes    No

Comments about fishing \_\_\_\_\_

If you want to share a ride to the retreat with another participant, please initial here to authorize the release of your name, phone number(s), and email address. The list of participants who want to car pool will be emailed to you. **You will need to make these arrangements. Initial here:** \_\_\_\_\_

During fishing sessions, we will have a variety of watercraft including float tubes, paddleboats, canoes, and a small fishing boat. We want you to use a watercraft that you feel comfortable in. Please rank your choices below: (1 – first choice, 2 – second, etc.)

- \_\_\_\_\_ Float tube (1 person)
- \_\_\_\_\_ Canoe (1 - 2 people)
- \_\_\_\_\_ Fishing boat (2 people)

If you want to use a float tube, you will need chest high waders. Do you want to use a float tube? Yes \_\_\_ No \_\_\_  
Do you own chest high waders? Yes \_\_\_ No \_\_\_. If so, please bring them.

**If you don't have waders, we will try to find a pair that will fit you. Please list the following:**

Shoe size \_\_\_\_\_      Height \_\_\_\_\_  
Chest (in inches) \_\_\_\_\_      Hips (in inches) \_\_\_\_\_

\*\*\*\*\*

If there is anything else you would like us to know about you, please list it here.

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

**Applications due June 16, 2017**

**Return this form to: Jan Schnorr, 3034 Brittany Place, Anchorage, AK 99504  
or email to [Janiceinak@gmail.com](mailto:Janiceinak@gmail.com)**



## Participant Release Form

Applications due June 16, 2017

Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Retreat Date(s) \_\_\_\_\_

### Please Read Carefully

**Photographs/Video Release:** Photos and videos taken during participation in activities are the sole property of Women LISTEN. By signing this release, I allow my image to be reproduced and distributed in any printed materials, websites and multimedia outlets. This authorization is continuous and may be withdrawn only by my specific rescission of this authorization.

Initial: \_\_\_\_\_

**Waiver, Release, and Assumption of Risk:** In consideration of Women LISTEN furnishing services and/or equipment to enable me to participate in fishing and casting, I agree as follows:

I fully understand and acknowledge that outdoor recreational activities have: (a) inherent risks, dangers and hazards and such exists in my use of fishing equipment and my participation in fishing and casting; (b) my participation in such activities and/or use of such equipment may result in injury or illness; (c) these risks and dangers may be caused by the negligence of the Women LISTEN volunteers; the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes including, but not limited to, guide decision making, including that a guide may misjudge terrain, weather, trail or river route location, and water level, risks of falling out of or drowning while in a tube, canoe, or kayak and such other risks, hazards and dangers that are integral to fishing and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence of Women LISTEN volunteers or by any other person.

I, on behalf of myself, my personal representatives, and my heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify Women LISTEN from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of fishing equipment or my participation in fishing or casting activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by Women LISTEN volunteers.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT, AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE WOMEN LISTEN FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Women LISTEN, Inc.

### Retreat Medical Release Information Form

Applications due June 16, 2017

#### Steps to Follow:

1. Complete Section 1 of the Medical Release Form
2. Contact your physician/care provider and ask her/him to complete Section 2 and submit the form for you or you may return the form to us.

*Women LISTEN, Inc. is an Alaskan non-profit group that promotes the physical, emotional and spiritual well-being of women living with cancer. The goal of our group is to give emotional support, share information and practical ideas, advocate for people with cancer, and connect women in meaningful ways.*

- All women in any stage of cancer treatment and recovery are eligible to attend the three-day fly fishing retreat (Friday evening through Sunday mid-day).
- Two trained facilitators and 8 - 10 fly-fishing instructors staff the retreat.
- The retreat physical activities include basic fly casting, knot tying, using float tubes, and learning how to fish on a lake.
- The retreat is limited to 12 women participants.
- Cancer resources will be available and discussed at the retreat, but staff will provide no medications, treatment or medical advice.

For more information about Women Listen: <http://www.womenlisten.org/>

**Medical Release Form**  
(Please print)

**Women LISTEN, Inc. does not share your medical information with any  
third party providers without your permission.**

**Section I: To be completed by Applicant**

Name of participant: \_\_\_\_\_

Location of Retreat: LaVerne Griffin Youth Recreation Camp, Wasilla, AK      Date: July 7<sup>th</sup> - 9<sup>th</sup>, 2017

**Section 2: To be completed by your Physician/Care Provider**

Current Medications: \_\_\_\_\_  
\_\_\_\_\_

Known Allergies (drug, food, other): \_\_\_\_\_  
\_\_\_\_\_

Known Conditions (asthma other) \_\_\_\_\_

Special Assistance Required or Any Other Physical/Mobility/Psychological Information: \_\_\_\_\_  
\_\_\_\_\_

**I have reviewed the medical records of the above-name patient and I believe that she is a reasonable candidate to participate in the retreat listed above. She is able to ascend and descend stairs and able to stand for periods of time, capable of walking by herself on even and uneven terrain, lift and cast a fly rod, and verbally communicate needs.**

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name and title \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

**Please complete & return this form to:**

**Jan Schnorr**  
**3034 Brittany Place**  
**Anchorage, AK 99504**  
[\*\*Janiceinak@gmail.com\*\*](mailto:Janiceinak@gmail.com)

**If you have any questions about the retreat or your patient's welfare at the retreat,  
feel free to contact Jan Schnorr at (907) 538-1818.**