



Dear Veteran:

The Iowa City VA Health Care System and its Veterans Casting Away Disabilities partners; Iowa DAV Chapters and Eagles 695, would like to invite you to participate in the 2019 Castaway Disabilities Fishing Event, which will be held May 5-11, 2019.

The six-day event will be held at the Honey Creek Lodge and Resort in Moravia, Iowa; right off Lake Rathbun. Lake Rathbun is a beautiful lake with over 11,000 acres that offers fishing from boats, pontoons, and off the dock. Other fun activities that will take place throughout the week include: nightly campfires, fishing contests, fish fry, awards night, Iowa DNR classes, tours of the Hatchery and other sponsored and self-directed alternate activities. This annual event promotes rehabilitation by assisting physically challenged veterans the chance to experience the sport of fishing and the social means of the event. Fishing assistance will be offered to those who need it.

Participation in the Veterans Casting Away Disabilities Fishing Event is open to all veterans with spinal cord injuries, orthopedic amputation, visually impaired, PTSD or other life changing disabilities. Veterans affiliated with the VA Midwest Healthcare System (VISN 23) will have first priority. All disabilities are reviewed by the Veterans Casting Away Disabilities Medical Staff and Program Director.

Staff of Veterans Casting Away Disabilities Fishing Event will make all the arrangements at the resort for lodging and meals. Applicants should be aware that the event is held at a resort and veterans and caregivers will be rooming together. Castaway Staff will make every effort to provide a safe and comfortable lodging experience for everyone. Once accepted, please do not call the resort to make lodging or room changes, staff will make all the arrangements.

Eligible veterans can apply by completing the enclosed application. Please assist the process by answering all the questions on the attached application. If your application is not filled out completely and properly signed, your registration may not be accepted and will be sent back to you for resubmission. All applications and forms must be mailed to:

Iowa City VA Health Care System
Veterans Casting Away Disabilities Fishing Event
Attn. Kim Heeren
601 Hwy 6 West
Iowa City, Iowa 52246-2208

During the event medical support will be available; however, each participant must have a medical provider **complete and sign** the enclosed Physical Exam form. If the Physical Exam form is not filled out completely and properly signed, your registration will not be accepted. There will be no exceptions to this policy. All participants requiring daily

supportive care or assistance in activities of daily living MUST bring their own caregiver or support person. Nursing care for activities of daily living such as bathing, showering, chronic wound care, and catheter care is NOT provided. We recommend that if you anticipate needing personal equipment or supplies such as catheters, leg bags, irrigating solution, etc. that you plan to bring these items with you or arrange for them through a local pharmacy. It is also very important that you bring all required medications with you for the entire trip.

Participants are responsible for a registration fee of \$50.00 to cover their own attendance cost. Participants bringing a spouse or caregiver will need to pay an additional \$50.00 for that person to attend. If your registration is not accepted your money will be refunded. Checks should be made payable to Veterans Casting Away Disabilities.

IMPORTANT INFORMATION:

- Registration is limited due to resources!! Spaces will fill up fast so please don't delay! Registration deadline is March 1st. Participant acceptance will be on a first come, first served basis.
- Be sure to enclose your check or money order with your application.
- Don't forget to include your signed copy of the *Rules and Expectations*.
- Expectation is that applicants participate and remain at the event **ALL WEEK**, otherwise another veteran could have enjoyed the week.
- This event is offered to disabled veterans and 1 adult caregiver/family member. No additional family members can be accepted due to space.
- A fishing license will be provided for all veteran participants. Eligible Iowa Veterans will be offered a life time hunting and fishing license.
- Fishing gear will be available for those participants who do not have equipment. All participants are encouraged to bring their own tackle and fishing gear, including wet-weather clothing.
- Boats and life jackets will be provided. If you have your own boat or life jacket and want to bring it, we would encourage you to do so. Gas for personal boats would be covered for fishing activities. You will be responsible to get your boat to and from the resort.

I hope that you can be a part of the Veterans Casting Away Disabilities Fishing Event this year! If you have questions or want additional information contact Kirt Sickels or Kim Heeren at 319-358-5963.

Sincerely,



Kirt Sickels
Director, NDVTEE Special Events
Kirt.Sickels@va.gov



VA Defining
HEALTH CARE **EXCELLENCE**
in the 21st Century



**Veterans
Casting Away
Disabilities**

2019 CASTAWAY DISABILITIES FISHING EVENT

Please fill out this application to the best of your knowledge and return it to the address listed below, by March 1, 2019.

Iowa City VA Health Care System
Veterans Casting Away Disabilities Fishing Event
ATTN: Kim Heeren
601 Hwy 6 West
Iowa City, Iowa 52246-2208

VETERAN INFORMATION

Name: _____
(Last) (First) (Middle) (Name Tag Preference)

Last four: _____ DOB: _____ Male Female

Address: _____
(Street)

(City) (State) (Zip Code) (County)

Phone: _____
(Daytime) (Cell) (Evening)

Email Address: _____

Name of VA Medical Center where you receive care: _____

Veteran's T-shirt Size: Small Medium Large X-Large 2X-Large

EMERGENCY CONTACT (List two contacts)

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

CAREGIVER INFORMATION

Will a spouse or caregiver accompany you*? Yes No

- *Caregiver must be 18 years or older.*
- **One** caregiver/spouse is allowed per veteran.
- *Caregiver's personal information will be used for fishing license only.*
- *Caregivers must fill out a Medical Information sheet*

Caregiver Name: _____ Male Female

Relationship: _____

Address: _____
(Street)

(City)

(State)

(Zip Code)

Phone: _____

Birthdate: _____ Weight: _____

Caregiver T-shirt Size: Small Medium Large X-Large 2X-Large

CERTIFIED WORKING DOG

Will you be bringing a certified working dog? Yes* No

**If you are bringing a certified working dog, a limit of one service animal is allowed per Veteran. Pets are not allowed.*

Additional Information

TRAVEL INFORMATION

How will you be getting to the lake (own vehicle with caregiver)? _____

Do you need assistance getting to the lake**? Yes No

***The Iowa City VA Health Care System has limited availability for those that cannot drive themselves. It is your responsibility to call the Castaways Office if you need travel assistance. You will be required to meet up with the VA vehicle on our direct route.*

FISHING INFORMATION

Will you be bringing your own:

Fishing Boat: Yes No

Fishing Tackle: Yes No

Fishing Pole: Yes No

BOAT PREFERENCE Pontoon Boat V-Bottom Boat No Preference

Are you or your caregiver interested in, and able to, drive a v-boat? Yes No

LODGING INFORMATION

Can you use the stairs? Yes No How many stairs: _____
Are separate beds required? Yes No
Do you need a hospital bed? Yes No

Medical Information

Which general category does your diagnosis fall under? *You must have a diagnosis checked below to qualify for this event.*

- Spinal Cord Injury (please specify):
Level of Injury _____ Complete Incomplete
Do you experience Autonomic Dysreflexia? Yes No
- Amputee
- Stroke
- Visual Impairment
- Neurological damage/disease: specify: _____
- Multiple Sclerosis
- Severe PTSD
- Other _____

Can you perform your activities of daily living (ADLs)**? Yes No
*Staff is **NOT** available to assist in activities of daily living. New medical conditions that arise during the week will be addressed by the medical staff. If NO, you will need to bring a caregiver to assist with routine care.*

WHEELCHAIR INFORMATION

Please note this resort is hilly and the dock is located a distance from the resort. If you own a powered wheelchair or scooter you should bring it with you. The resort has a VERY LIMITED supply of powered mobility. These will be assigned by Castaway Disabilities Medical Staff to those most in need.

Do you use a wheelchair? Yes No
If yes, what kind of wheelchair? Manual Power
Veteran's weight with chair: _____ Veteran's weight: _____

Are you able to do your own transfers? Yes No

If you can transfer from your wheelchair for boating, what do you want to sit on in the pontoon boat:

- Manual wheelchair
- Pontoon boat chair

NOTE: If you normally use a power wheelchair, but could use a manual chair on the pontoon boat, please bring your manual chair with you, unless you can transfer to a boat chair that will be provided for you.



Veterans Casting Away Disabilities

Caregiver/Volunteer Medical Information Sheet

Name: _____

Date of Birth: _____

Medical History or Current Medical Treatment: (ie. Diabetes, Hypertension,
Respiratory Issues, etc.)

Medications:

Allergies (drug or otherwise)

Last Tetanus Shot: _____
(MUST be within last 10 years)

Emergency Contact Information: _____

Signed _____

Date _____



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**Veterans
Casting Away
Disabilities**

Veterans Casting Away Disabilities Fishing Event
WAIVER AND RELEASE OF LIABILITY AND PUBLICITY RELEASE

I, _____, in consideration of being allowed to participate in the above-named event, related events, and activities hosted by the Iowa City VA Health Care System; and by my presence there, the undersigned acknowledges, appreciates, and agrees as follows:

I hereby release, hold harmless, covenant not to sue, and forever discharge the Iowa City VA Health Care System, Iowa City Eagles Aeries 695, the Iowa DAV; their officers, directors, members, agents, employees, vendors and contractors, specifically including but not limited to the event directors; any and all sponsors, advertisers, owners and lessors of premises used to conduct the event; and, officials, volunteers and other participants of the event (hereinafter "RELEASEES"), from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, property damage, or personal injury, including death, that may be sustained by me or any property belonging to me, whether caused by the negligence of any of the RELEASEES, or otherwise, while participating in the above-named event. The risk of injury from the activities involved in the event is significant, including the potential for serious bodily injury, including death, and property damage. I am fully aware of the risks and hazards with participating in this activity and I voluntarily, without any inducement, elect to participate in the activity.

I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, AND ASSUME FULL RESPONSIBILITY FOR ANY PROPERTY DAMAGE, OR ANY PERSONAL INJURY, INCLUDING DEATH, THAT MAY BE SUSTAINED BY ME OR ANY LOSS OR DAMAGE TO PROPERTY OWNED BY ME AS A RESULT OF BEING ENGAGED IN SUCH ACTIVITY.

I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual, significant hazard during my presence or participation, I will remove myself from participating and bring such to the attention of the nearest official immediately.

I hereby consent to medical treatment in the case of emergency. I agree to assume full responsibility for payment of any and all fees incurred as a result of such medical treatment.

This release and hold harmless agreement is binding on me, my heirs, assigned personal representatives, administrators, and next of kin.

I hereby voluntarily and without compensation authorize pictures, video, and/or voice recording(s) to be made of me by, or on behalf of Iowa City VA Health Care System, Iowa City Eagles Aeries 695 and/or Iowa DAV during the Veterans Casting Away Disabilities Fishing Event. I authorize these parties to publicize and/or display such photographs and recordings, or to provide such photographs and records to others of their choosing for display, without notice or payment of any royalty, fee, or other compensation of any character to me for the use of my picture and/or voice.

Participant/Veterans Signature

Date



Veterans Casting Away Disabilities Fishing Event
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Caregiver Signature

Date



Department of Veterans Affairs

PARTICIPANT REGISTRATION FORM -- PHYSICAL EXAM

2019

VETERANS CASTING AWAY DISABILITIES FISHING EVENT
(To be completed by a Clinician. Please type or print clearly)

PRIVACY ACT: VA is asking you to provide the information on this form under USC, Chapter 5, Section 521 and Chapter 17, Section 1710. VA may disclose the information that you put on this form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices identified as 121VA19 "National Patient Databases - VA". Providing the requested information is voluntary. However, you will not be able to participate in the event without furnishing this information.

RESPONDENT BURDEN: The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of Section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this application will average 20 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the forms.

DEAR EXAMINING CLINICIAN: Your patient is planning to participate in a week-long event with moderately strenuous, sporting activities, provided that you concur. To ensure that this is an appropriate activity for this Veteran, please conduct a detailed review of his/her medical record. Thank you for assisting us in ensuring this participant's safety.

PATIENT'S NAME	SOCIAL SECURITY NUMBER	DATE
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PRIMARY DISABILITY/DIAGNOSIS: DATE OF ONSET _____

VISUALLY IMPAIRED TOTALLY BLIND RESIDUAL VISION

SPINAL CORD INJURY (SCI) LEVEL _____ COMPLETE INCOMPLETE

PARAPLEGIC

QUADRIPLEGIC

MULTIPLE SCLEROSIS (MS)

HEAD INJURY

CVA WITH RESIDUAL NEUROLOGICAL IMPAIRMENTS INCLUDING: _____

AMPUTEE RIGHT LEG, A/K, B/K LEFT LEG, A/K, B/K RIGHT ARM, A/E, B/E LEFT ARM, A/E, B/E OTHER _____

SEVERE PTSD

OTHER POTENTIALLY QUALIFYING CONDITION(S) _____

PLEASE RATE YOUR PATIENT'S LEVEL OF INDEPENDENCE (for patients with visual impairment)

INDEPENDENT ONCE ORIENTED

NEEDS SIGHTED GUIDE OCCASIONALLY AFTER ORIENTATION

NEEDS SIGHTED GUIDE CONTINUOUSLY

PATIENT NEEDS

PATIENT REQUIRES ATTENDANT? YES NO IF YES, ATTENDANT'S NAME _____

USES OTHER ADAPTIVE EQUIPMENT? YES NO

PATIENT'S NAME	SOCIAL SECURITY NUMBER
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MEDICAL HISTORY *(i.e., diabetes, heart disease, hypertension, respiratory difficulty)*

LIST ALL MEDICATIONS, INCLUDING ASPIRIN AND OTHER OVER THE COUNTER MEDICINE (or attach list)

KNOWN ALLERGIES

DATE OF LAST TETANUS SHOT (must be up-to-date)	NEEDS A SHARPS CONTAINER <input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

IS THE PATIENT TAKING COUMADIN? YES NO
OTHER ANTICOAGULANTS? *(if yes, which ones)* _____

DOES THE PATIENT SMOKE? YES NO

ALCOHOL ABUSE? SUBSTANCE ABUSE? YES NO

PHYSICAL EXAM

HEIGHT _____ inches WEIGHT _____ pounds PULSE _____ BLOOD PRESSURE _____

HEENT _____ CARDIAC _____

PULMONARY _____ ABDOMEN _____

EXTREMITIES _____ NEURO _____

OTHER PERTINENT FINDINGS _____

IN MY OPINION, THE ABOVE INDIVIDUAL:
 IS MEDICALLY FIT TO PARTICIPATE IS NOT MEDICALLY FIT TO PARTICIPATE

SIGNATURE OF EXAMINING CLINICIAN	NAME OF EXAMINING CLINICIAN <i>(Please print)</i>
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ADDRESS OF EXAMINING CLINICIAN	TELEPHONE NUMBER
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Physicians please note this form will be entered into CPRS.

REMINDER TO PARTICIPANTS: Bring any equipment and medication you will need for the week.



Rules and Expectations of the 2019 Castaway Event

RESORT RULES

- The Honey Creek Resort reserve the right to refuse service to anyone and will not be responsible for accidents or injury to our guests or for loss of money, jewelry, or valuables of any kind.
- For the safety of your animal and our other guests, we have a NO pet policy.

DNR RULES

- Alcoholic beverages are NOT allowed on the water. Please do not risk this event by drinking alcohol while on a boat.

VA RULES

- VA staff expects participants to be courteous and kind and respectful of each other. Disrespectful language will not be tolerated. If any participant, whether veteran or caregiver, has an issue with anyone please talk to the VA staff. We will do our best to resolve any issues.
- Honey Creek Resort has a No Smoking policy. Please adhere to their rules and designated smoking areas.
- **These guidelines are expected to be followed by participants and caregivers. If not, options include warnings, counseling, asked to leave and/or not being invited next year. We trust this will not be necessary.**
- Staff is NOT available to assist in activities of daily living.
- New medical conditions that arise during the week will be addressed by the medical staff.

Please sign this form that certifies you have read the above and agree to follow these rules and expectations for the safety and security of this event. Please enclose this form with your application.

Participant/Veteran Signature

Date

Caregiver Signature

Date