

# 30th ANNUAL FREE FISHING CLINIC FOR KIDS

Saturday, June 8, 2019 11:00 a.m. - 2:00 p.m.  
William P. Thompson Pond - Port Huron Township



## OFFICIAL REGISTRATION FORM

Applicant's Name \_\_\_\_\_  
LAST FIRST AGE

Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_  
NUMBER / STREET CITY STATE ZIP

\_\_\_\_\_ Male \_\_\_\_\_ Female Does applicant use a wheelchair? Y N

I, the undersigned parent / legal guardian of the above named applicant (herein referred to as the "Entrant"), hereby request permission for Entrant to participate in the program.

On behalf of the Entrant and myself, I acknowledge that the Entrant will be using facilities at his/her own risk and I, on my own behalf, hereby release, discharge and indemnify THE CHARTER TOWNSHIP OF PORT HURON AND CO-SPONSORS from all liability for injury to person or damage to property of myself and Entrant.

In permitting the Entrant to participate, I am specifically granting permission to the sponsors to use the likeness, voice and words of the Entrant in television, radio, films, newspapers, magazines and other media and in any form not heretofore described, for the purpose of advertising or communicating the purposes and activities of the FREE FISHING CLINIC AND WILLIAM P. THOMPSON POND and appealing for funds to support such activities.

If I am not personally present at the FREE FISHING CLINIC FOR KIDS activities in which the Entrant is to participate so as to be consulted in case of necessity, you are authorized on my behalf and at my account to take such measures as may be necessary and arrange for the health and well-being of the Entrant.

Parent / Legal Guardian's name (PLEASE PRINT) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

\_\_\_\_\_  
PARENT / LEGAL GUARDIAN SIGNATURE Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**THIS FORM IS NOT VALID WITHOUT SIGNATURE AND DATE**

SIGNED REGISTRATION FORMS MAY BE RETURNED TO THE PORT HURON TOWNSHIP ADMINISTRATION OFFICES, 3800 LAPEER ROAD, PORT HURON, MICHIGAN, OR BROUGHT TO THE FISHING CLINIC ON SATURDAY, JUNE 8<sup>TH</sup> (Pre-registration is helpful to the staff)

