

2022 REGISTRATION FORM

Online registration available at

Please return this completed form with parental/guardian signature to:

Fishing For Life • Phone 612-961-6833

Please use one registration per child, per session. Submissions/Questions: Laura Hudson 612-961-6833

Camper Name _____

Last

First

Middle

Preferred Name/Nickname _____ Gender/ _____

This is my _____ year at camp. Date of Birth _____ Grade in Fall 2022 _____ Ethnicity (optional) _____

1st Contact Parent/Guardian _____ 2nd Contact Parent/Guardian _____

Date of Birth _____ Date of Birth _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Home phone _____ Home phone _____

Work phone _____ Work phone _____

Cell phone _____ Cell phone _____

Email _____ Email _____

Child resides with Mother Father Both Other _____

Mailing and Communication will be sent to 1st contact.

SESSION INFORMATION

&DPSIDPF#####

&DPSIDPF#####

&DPSIDPF#####

&DPSIDPF#####

How did you find out about this camp? _____

PAYMENT INFORMATION

A full payment per camper per session must accompany each registration form.

Scholarships are available and/or we can establish a payment plan.

Check enclosed amount: \$ _____ (payable to: Fishing For Life)

Please bill my: Visa MasterCard Discover Am Express

Card # _____ Exp. Date _____

Please charge: Payment in Full Other amount \$ _____

PARENTAL/GUARDIAN SIGNATURE REQUIRED

Please sign here _____

Please complete the Release Form and return with registration.

Billing information if different from 1st contact: Name _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY CONTACT INFORMATION:

These individuals will be contacted if parents/guardian cannot be reached.

First Emergency Contact _____

Phone: _____

Relationship to Camper: _____

Phone type: _____

Second Emergency Contact _____

Phone: _____

Relationship to Camper: _____

Phone type: _____

Will your camper have health insurance at the time of their camp session? Yes No

Health Insurance Co.: _____

Policy/Group #: _____

Primary Insured Name: _____

Primary Insured Date of Birth: _____

Physician's Name: _____

Physician's Phone: _____

Dentist Name: _____

Dentist's Phone: _____

Are all of your campers immunizations up to date? Yes Conscientious Objector

Date of last tetanus shot (MM/DD/YY)? _____ / _____ / _____

Does your camper have any medical conditions that require special care?

Has your camper had any surgeries, illness, or injuries we should be aware of?

Does your camper have any allergies we should be aware of?

Does your camper have any dietary restrictions?

Does your camper have any camp activities from which they should be restricted for medical reasons?

Camper Personal and Social Information

We want every camper that comes to have a safe, fun, and enriching experience. We want every camper to feel at home. Is there anything you would like to share with us so we can make sure your camper's experience is spectacular?

Medications from home

Please list all medications from home, prescription or over-the-counter, that your camper will be taking at camp. All medications

must be brought to camp in their original containers, which must be placed in a sealable plastic bag with your camper's name on it.

Medication name:

Purpose

Dosing Instructions

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

EFFECTIVE January 1, 2022

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in Fishing For Life activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence Fishing For Life (hereinafter referred to as FFL) and its owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that participating in FFL activities involves known and unanticipated risks which could result in physical or emotional injury, illness, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, torn ligaments or other injuries as a result of falls or contact with other participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical conditions resulting from physical activity or exposure to infectious diseases such as COVID-19; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment and increased cleaning, sanitation and physical distancing, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My/My child's participation in these activities is purely voluntary and we elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I or my child are unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my/my child's participation in these activities, or our use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct or conduct that constitutes greater than ordinary negligence. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury, illness or damage I or my child may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury, illness or damage myself. I further represent that I/my child have no medical or physical conditions which could interfere with our safety in these activities, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

PARENT/GUARDIAN AUTHORIZATION SECTION — TRANSPORTATION/MEDICAL

1. In the event that I/my child need immediate medical attention for injuries or illness that may occur while participating in a FFL program, I authorize the FFL staff to give me or my child reasonable first aid, and to arrange transport of myself or my child to a health care facility for emergency services as needed. I understand that I may be asked to isolate myself or my family and may be asked to leave a program early if I display symptom of illness such as COVID-19.
2. I give permission for myself and/or my child to be transported by FFL as needed for field trips, inclement weather, or late pick up. I also give my permission to participate in field trips.
3. I also give permission for myself or my child to enter Canada with FFL. I also understand that I/my child will need to bring our passport to camp if the trip involves such travel to Canada.
4. I hereby acknowledge that FFL will assume that either parent of the child may pick up the child at any time during the program unless there is pertinent court documentation on file with FFL that indicates otherwise.
5. I agree to the release of any records necessary for treatment, referral, billing, infectious disease tracking, or insurance purposes. FFL receives medical information on campers/participants that may need to be shared with medical providers, insurance carriers, or other governmental agencies as required.
6. If I or my child requires use and administration of an epi-pen, prescription or over the counter medication, it is my responsibility to ensure that the epi-pen and/or medication are on me or my child or within our personal belongings every day of the program. If FFL staff is required to administer and use the epi-pen and/or medication, I agree to forever release and discharge FFL and its directors, officers, and employees from any and all liability arising out of or resulting from use or administration of the epi-pen and/or medication.
7. I agree to take personal responsibility for myself and my family while participating in this program. Personal responsibility may include but not be limited to; initial temperature monitoring upon arrival, self-monitoring temperatures each day, following social/physical distancing protocols, and following appropriate hand-washing, cleaning and sanitation practices as defined by FFL and for as long as this is deemed necessary for the safety and protection of all participants and FFL team members by the MDH and the CDC.

GENERAL

1. I hereby release all pictures of myself or my child taken by FFL for promotional purposes and programming materials including the FFL website.
2. I give my permission for FFL to administer sunscreen as needed while my child is in their care.
3. I acknowledge that certain sections of this waiver may not apply to me and/or my child and the programs or activities that we have chosen but agree to be bound by any applicable language.

By signing this document, I agree that if I or my child is hurt or our property is damaged during participation in these activities, then I or my child may be found by a court of law to have waived our right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if FFL did not utilize waivers as a method to lower insurance and administrative costs. I have read and understood this document and I agree to be bound by its terms.

Signature	Print Name		
Address	City	State	Zip
Telephone ()			Date

PARENT OR GUARDIAN ADDITIONAL AGREEMENT

(Must be completed for participants under the age of 18)

In consideration of _____ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian	Print Name	Date
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