

Fishing Clinic Participant Registration Form

Fill out the form completely.

Group/Organization Name *

Group Chaperone Name

First Name

Last Name

Youth Name *

First Name

Middle Name

Last Name

Age *

Gender

Address *



Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Parent/Guardian Name *

First Name

Middle Name

Last Name

Phone Number *

E-mail *

example@example.com

Parent/Guardian attending the fishing clinic *

If you will not be attending the clinic we must be able to reach you at the phone number listed on the registration form.

As the parent/guardian of the above named child, I hereby give permission for my child to travel to and participate in the Annual Childrens Fishing Clinic with the above named group. I agree to indemnify, defend and save harmless the City of Newport News, event sponsors and their officers, agents or employees from and against any and all losses, claims, demands, payments, suits, actions, recoveries and judgments of every nature and description for bodily injury including death or damage to others or the property of others, during the trip and the above referenced activity. I understand that photographs of my child may be used in news articles or promotional literature.

Parent/Guardian Signature *

Clear

Date *

Date

Youth T-Shirt Size *

- Youth Medium
- Youth Large
- Adult Small
- Adult Medium
- Adult Large
- Adult XLarge
- Adult 2XLarge
- Adult 3XLarge

I, hereby authorize(photographer/videographer), the Corporation for National and Community Service (Corporation), or(project or project sponsor) to use, reproduce, and/or publish photographs and/or video that may pertain to me—including my image, likeness and/or voice without compensation. I understand that this material may be used in various publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs) or for other related endeavors. his material may also appear on the Corporation's or project sponsor's Internet Web Page. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. Consequently, the Corporation or project sponsor may publish materials, use my name, photograph, and/or make reference to me in any manner that the Corporation or project sponsor deems appropriate in order to promote/publicize service opportunities. *

- I give permission
- I do not give permission

Submit Application