

Fishing Has No Boundaries

ST.CROIX VALLEY CHAPTER
LAKEFRONT PARK, HUDSON WI
SEPTEMBER 16th 2017
REGISTRATION



PARTICIPANT FEE \$30

ATTENDANT/GUEST FEE \$10

PARTICIPANT'S NAME: _____ AGE _____

GUEST/ATTENDANT NAME: _____
(If name not known but will be a staff member, write in staff and agency with contact #)

ADDRESS: _____ SEX _____

CITY: _____ STATE: _____ ZIP: _____

VETERAN STATUS: VETERAN _____ NON-VETERAN _____ (CHECK ONE)

CONTACT PHONE: _____

E-MAIL: _____

EMERGENCY CONTACT: _____

DISABILITY: _____

WHEELCHAIR NEEDED: YES _____ NO _____

IF YES: MANUAL _____ POWER _____ NEEDED ON PONTOON _____
(weight of power chair)

WILL ADAPTIVE FISHING EQUIPMENT BE NEEDED: YES _____ NO _____

WILL YOU BE ATTENDING: SATURDAY ONLY THIS YEAR!

ATTENDANT: PERSON OR PERSONS WHO MUST ACCOMPANY A PARTICIPANT AT ALL TIMES. THIS PERSON IS GENERALLY RESPONSIBLE FOR SEEING TO ALL OF THE PARTICIPANTS NEEDS ON AND OFF THE WATER.

GUEST: PERSON OR PERSONS WHO WILL BE ATTENDING THE MEALS AND OTHER ON-GROUND ACTIVITIES WITH A PARTICIPANT.

WHILE WE WOULD LIKE TO ACCOMMODATE EVERYONE, PLEASE LIMIT PERSONS ON WATERCRAFT TO THE LEAST REQUIRED FOR ATTENDANT REASONS DUE TO LIMIT OF SPACE.

PLEASE ALSO FILL OUT MEDICAL/SPECIAL NEEDS FORM

SCV FHNB USE ONLY

DATE RECEIVED _____ CHECK # _____ AMOUNT _____

RELEASE OF CLAIMS: In acceptance of my participation in this years FHNB fishing Event, I release FHNB, Inc. and the FHNB St. Croix Valley Chapter of Hudson, Wisconsin, within St. Croix County, and the event location of Lakefront Park located in Hudson, Wisconsin, and all respective agents and employees and all others connected with the Event, from liability or claims for any injury to body or property or illness sustained during my participation in this Event. I understand this release applies to me, heirs and anyone in participation with me. I am capable of participating in this Fishing Event for Individuals with Disabilities, recognize that risk of injury may accompany such participation, and acknowledge this release is being relied upon by this FHNB Chapter and FHNB, Inc. in permitting me to participate. I grant full permission to any and all related during the Event to use any photographs, movies, recordings, and other records of this Event, without compensation.

PARTICIPANT SIGNATURE: _____ **DATE:** _____
(or legal guardian signature)

ATTENDANT/GUEST: _____ **DATE:** _____
(Signature)

PARTICIPANT & ATTENDANT T – SHIRT SIZE: S: ___ M: ___ L: ___ XL: ___ XXL: ___

WHERE DID YOU HEAR OR FIND OUT ABOUT THIS YEARS EVENT? _____

IMPORTANT FACTS!!!

- *ATTENDANTS MUST BE 18 OR OLDER*
- *WATERCRAFTS ARE FOR PARTICIPANTS AND NECESSARY ATTENDANTS*
- *ALL MINORS MUST BE ACCOMPANIED BY AN ADULT*
- *ABSOLUTELY NO ALCOHOLIC BEVERAGES OR CHEMICAL SUBSTANCES ARE PERMITTED*
- *DISRUPTIVE/INAPPROPRIATE BEHAVIOR WILL BE DEALT WITH ON AN INDIVIDUAL BASIS*
- *IF YOU INTEND TO BRING YOUR OWN WATERCRAFT, PLEASE ALSO COMPLETE A BOAT OWNER FORM*

VERY IMPORTANT - COMPLETE AND RETURN BY September 1ST 2017, TO:

AARON RUHDE

FISHING HAS NO BOUNDARIES

ST.CROIX VALLEY CHAPTER

1778 Sequoia Lane

New Richmond, Wi 54017

Or email fhnbscroixvalley@gmail.com