



# Capital City Fishing Has No Boundaries®

## Participant Registration Form for Youth Event

*Ages 6 and Up*

*Participation Fee \$10*

( Additional Information and Forms are Available at CapitalCityFHNB.org )

Participant's Name \_\_\_\_\_

Participant's Shirt Size \_\_\_\_\_ Age \_\_\_\_\_

Attendant's Name\* \_\_\_\_\_ Age \_\_\_\_\_

Participant Contact Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Participant Contact Phone \_\_\_\_\_

Participant Contact E-Mail \_\_\_\_\_

Name of Emergency Contact \_\_\_\_\_

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

Description of Disability \_\_\_\_\_

(Submit a Participant Special Needs form to assist us with accommodating specific needs.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Wheel Chair  Yes  No

Will Adaptive Fishing Equipment be Desired?  Yes  No

\* An **attendant** must accompany the participant at all times and is generally responsible for seeing to all of the participants needs on and off the water, including medical needs. ATTENDANTS MUST BE 18 OR OLDER AND MUST SUBMITT A SEPARATE ATTENDANT REGISTRATION FORM. There is no fee for the attendant. If name is not known but will be a staff member, write in STAFF, the agency, and a contact number. When the attendant is known an Attendant form must be signed and submitted.

**Release of Claims:** In acceptance of my participation in this FHNB fishing Event, I release FHNB, Inc. and the FHNB Capital City Chapter of Chatham, Illinois, within Sangamon County, and the Event location of Southwind Park located in Springfield, IL, 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 Event for Individuals with Disabilities, recognize that risk of injury may accompany such participation, and acknowledge this release is being relied upon by the 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 \_\_\_\_\_ ( or legal guardian signature ) \_\_\_\_\_ (Date)

Please return registration form, attendant form, and check payable to Capital City FHNB to:

Capital City FHNB  
111 E. Walnut #561  
Chatham, IL 62629

### IMPORTANT FACTS

- Fishing Equipment and Provisions are for Participants only.
- 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.