

1. NAME: _____.
2. AGE: _____ . (REQUIRED IF UNDER 18 YEARS OLD)
3. WOULD YOU LIKE TO BE PLACED ON A BOAT IF THERE IS AVAILABILITY? YES___ NO___.
4. DO YOU HAVE YOUR OWN FISHING ROD AND TACKLE? YES___ NO___
5. ARE YOU AN EXPERIENCED FISHERMAN? YES___ NO___
6. TWO OR THREE EMERGENCY CONTACTS (NAMES) & PHONE NUMBERS:

7. ANY INFORMATION THAT EMERGENCY SERVICES WOULD NEED TO KNOW ABOUT IF THEY HAD TO BE CONTACTED? I.E. HISTORY OF HEART ISSUES, DIABETES, ALLERGIC TO ANYTHING. EXAMPLE: I TAKE SOMETHING FOR HIGH BLOOD PRESSURE, ETC..._____

8. WOULD LIKE TO FISH AT BELL ISLAND PIER ? YES___ NO___
9. NEED TRANSPORTATION TO AND FROM THE PIER? YES___ NO___
10. DO YOU HAVE A FISHING LICENSE? YES___ NO___ IF YES, CHECK THE BOX THAT YOUR LICENSE COVERS.
SALTWATER___ FRESHWATER___ FREE FISHING PASS WITH DESIGNATED PERSON IF YOU DO NOT POSSESS ONE.

[A parent will need to be spoken to for anyone 17 years or younger. \(no texts/no emails\) it has to be by phone.](#)

[We need two to three emergency contact numbers. In case of an emergency we will need more than one phone number in the event we cannot contact the first number listed. We need the name of each person, their relationship to the participant as well as a phone number.](#)

[We will need any medical history a participant deems necessary if emergency services are called.](#)

[We will want to know if an adult will be accompanying anyone 18 years and younger, who that person is and their relation to the participant.](#)

[ANYONE FISHING IN A BOAT PROVIDED \(MUST ARRIVE NO LATER\) THAN 7:50 AM, BOATS \(WILL LEAVE\) AT 8AM.](#)

[WEIGH IN BEGINS AT 12PM. \(AFTER THE LAST PERSON HAS BEEN WEIGHED\) NO ONE ELSE WILL BE WEIGHED.](#)

