



Winchester City Sheriff's Office Day Fishing Camp Registration



Name of Child: _____ Childs Age: _____ Childs DOB: _____

Address: _____

Town/City: _____ State: _____

Parents Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

In Case of an Emergency, what number would you like us to call first: Home / Work / Cell

Does your child have any medical issues or allergies that we need to be aware of? _____

Emergency Contact:

Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

In Case of an Emergency, what number would you like us to call first: Home / Work / Cell

Please read the following and initial after each line:

I hereby request that my child be entered into the Winchester City Sheriff's Office day fishing camp Located at Wilkins Lake in Winchester Virginia. _____ (Initials)

I indemnify and hold harmless the Winchester City Sheriff's Office, the Department of Game and Inland Fisheries and the employees from any and all liability, claims, damage, injury or illness sustained by my child. _____ (Initials)

I grant permission for The City of Winchester Fire and Rescue Service to provide or obtain medical attention for my child in the event of sickness or injury and I understand accident insurance is not included with the camp. _____ (Initials)

I understand that the Fishing Day Camp will be held on September 7th, 2019 from 1:00 am until 2 pm. I also understand that it is my responsibility to ensure my child be dropped off at 10 am on the designated dates and picked up promptly at the end of camp. _____ (Initials)

No previous fishing experience is required. All fishing equipment needed for this camp will be provided. _____ (Initials)

Campers are required to wear appropriate clothing and closed toe shoes. _____ (Initial)

Participants must be between the ages of 8 and 18 and live in the City of Winchester. _____ (Initial)

Parent/Guardian Signature: _____ Date: _____