

Marion County Youth Bassmasters

CHILD NAME: _____

PARENT NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

EMERGENCY CONTACT (NAME AND PHONE)

***PARENT: IF YOU ARE PLANNING ON VOLUNTEERING AS A BOATER YOU WILL NEED TO PROVIDE THE CLUB ADULT SPONSOR WITH A COPY OF YOUR INSURANCE POLICY STATING THAT YOU HAVE \$300,000 LIABILITY COVERAGE.**

ALL MEMBERS MUST BE A BASS FEDERATION NATION MEMBER. THIS REQUIRES PAYMENT OF DUES (\$75.00). ALL MEMBERS MUST PROVIDE A COPY OF CURRENT REPORT CARD TO ENSURE THE CHILD IS MAINTAINING A 2.0 GPA AND HAS NO BEHAVIORAL ISSUES.

DIVISION:

JUNIOR (Youth Between 6 and 14 years old). List Age : _____

List Partner For Year: _____

High School List Grade and Age : _____

List Partner For Year: _____

HEALTH INFO:

ALLERGIES: YES: _____ **NO:** _____

IF YES EXPLAIN: _____

DAILY MEDICATION: YES: _____ **NO:** _____

(THIS IS ONLY IF THEY WILL NEED MEDICATION DURING TOURNAMENT OR EVENT HOURS)

IF YES WE WILL NEED TO BE GRANTED PERMISSION TO GIVE THE MEDICATION OR HAVE THE PARENT AT THE EVENT TO DO SO.

BY SIGNING THIS FORM YOU GRANT PERMISSION FOR YOUR CHILD'S PARTICIPATION AND WAVE ALL LIABILITY AND RESPONSIBILITY OF PERSONAL INJURY OR PROPERTY DAMAGE RESULTING IN AN ACCIDENT OR OTHER NATURE WHILE PARTICIPATING IN ANY AND ALL JUNIOR BASSMASTERS OF OCALA EVENTS FROM THE MARION COUNTY BASSMASTERS!

PARENT SIGNATURE: _____

DATE: _____