

Fishing Has No Boundaries

CHIPPEWA VALLEY CHAPTER
LAKE HOLCOMBE
AUGUST 20st & 21nd, 2011
REGISTRATION



PARTICIPANT FEE \$50 ATTENDANT/GUEST FEE \$25
(fee's do not include lodging)

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 _____ ELECTRIC _____ NEEDED ON PONTOON _____
(weight of electric chair)

WILL ADAPTIVE FISHING EQUIPMENT BE NEEDED: YES _____ NO _____

WILL YOU BE ATTENDING: SATURDAY _____ SUNDAY _____ BOTH _____

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 REFER TO THE BACK OF THIS FORM

CV 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 Chippewa Valley Chapter of Menomonie, Wisconsin, within Dunn County, and the event location of Paradise Shores located in Holcombe, 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)

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*
- *IF YOU INTEND TO BRING YOUR OWN WATERCRAFT, COMPLETE A BOAT OWNER FORM*
- *IF YOU HAVE MEDICAL OR SPECIAL NEEDS, COMPLETE THE MEDICAL NEEDS FORM*
- *DISRUPTIVE/INAPPROPRIATE BEHAVIOR WILL BE DEALT WITH ON AN INDIVIDUAL BASIS*

COMPLETE AND RETURN TO:

**TAMMY GRAGE
CENTER FOR INDEPENDENT LIVING
FOR WESTERN WISCONSIN INC.
2920 SCHNEIDER AVE SE
MENOMONIE, WI 54751**

