



*Fishing Has No Boundaries*

CHIPPEWA VALLEY CHAPTER  
LAKE HOLCOMBE  
AUGUST 15<sup>th</sup> & 16<sup>th</sup>, 2020  
REGISTRATION

"20 years"

**ANGLER 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 #)

Will attendant/guest be accompanying angler on watercraft? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

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 \_\_\_\_\_

**GROUPS: there must be 1 attendant for every 3 anglers registering**

**ATTENDANTS:** 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.

**GUESTS:** 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***

# MEDICAL, SPECIAL NEEDS OR ACCOMODATIONS

The Fishing Has No Boundaries – Chippewa Valley Chapter wants to help make your Fishing Has No Boundaries event an enjoyable experience. If you have any medical and or special needs that you feel are necessary for the EMT's and CIL staff on site to be aware of (example: uncontrolled seizures, allergies, sun sensitivity, diabetic, etc.) please provide the information below. The information you provide will be strictly confidential and used only for purposes of your health and well-being.

Disability: \_\_\_\_\_

Accommodations: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Other: \_\_\_\_\_

## **ENTRY MUST BE SIGNED BY PARTICIPANT OR GUARDIAN**

**DATE RECEIVED** \_\_\_\_\_ **CHECK #** \_\_\_\_\_ **AMOUNT** \_\_\_\_\_

**(For office use only)**

**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**