

REGISTRATION FORM
2019 CABIN LAKE YOUTH FISHING TOURNAMENT



Childs Name: _____

Age _____ Date of birth _____ Gender _____

SS# (last 4 digits) _____ (be prepared to give whole number to be eligible for prizes or award monies)

Address: _____

Phone: _____ County _____

Parent/Guardian/Emergency Contact:

Name Phone

Relationship _____

Medical Conditions/Allergies _____

I/We the parent/guardian of the above named child, hereby give my approval for his/her participation in the Cabin Lake Fishing Tournament. I/We hereby assume all risks and incidental to such participation including transportation to and from activities and I/We hereby waive, release, absolve, identify and agree to hold harmless Duplin County Soil and Water Conservation and Duplin County Parks & Recreation, their employees and against any claim of expense for bodily injury for accidents occurring out of the participation of our child in any activities sponsored by DCSWC or DCPR. Parent/Guardian must accompany above named child at all times during the fishing tournament.

Adult Signature _____ Date _____

Print Name _____