

# Fishing Has No Boundaries

#### **CHIPPEWA VALLEY CHAPTER**

LAKE HOLCOMBE JUNE 23<sup>RD</sup> & 24<sup>TH</sup>, 2018 REGISTRATION

#### PARTICIPANT FEE \$25

### **ATTENDANT/GUEST FEE \$15**

(fee's do not include lodging)

PARTICIPANT'S NAME:			_ AGE
GUEST/ATTENDANT NAME: (If name not known be	ut will be a staff member, w	rite in staff and agen	cy with contact #)
Will attendant/guest be accompa	anying angler on watercraft	?YES	NO
ADDRESS:			SEX
CITY:	STATE:	ZIP:	
VETERAN STATUS: VETERA	N NON-V	ETERAN	(CHECK ONE)
CONTACT PHONE:			
E-MAIL:			
EMERGENCY CONTACT:			
DISABILITY:			
WHEELCHAIR NEEDED:	YES	NO	
IF YES: MANUAL	ELECTRIC (weight of electric chair)	NEEDED ON PONTOON	
WILL ADAPTIVE FISHING EQUIPMENT BE NEEDED:		YES	NO
WILL YOU BE ATTENDING:	SATURDAY	SUNDAY	ВОТН

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:		
Accomodations:		
Special Needs:		
Other:		
ENTRY	MUST BE SIGNED BY PARTIC	CIPANT OR GUARDIAN
DATE RECEIVED(For office use only)	CHECK #	AMOUNT
FHNB, Inc. and the FHNB Ch the event location of Paradise employees and all others con or illness sustained during my anyone in participation with m Disabilities, recognize that ris being relied upon by this FHN	ippewa Valley Chapter of Meno shores located in Holcombe, Valley Event, from liab participation in this Event. I under I am capable of participating k of injury may accompany such IB Chapter and FHNB, Inc. in peted during the Event to use any	this years FHNB fishing Event, I release monie, Wisconsin, within Dunn County, and Visconsin, and all respective agents and lity or claims for any injury to body or property derstand this release applies to me, heirs and in this Fishing Event for Individuals with participation, and acknowledge this release is simitting me to participate. I grant full photographs, movies, recordings, and other
PARTICIPANT SIGNATURE	: (or legal guardian signat	DATE:
	(or legal guardian signat	ure)
ATTENDANT/GUEST:		DATE:
(S	ignature)	
WHERE DID YOU HEAR OR	FIND OUT ABOUT THIS YEAR	RS 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