



Salty Aggies Lil' Anglers Fishing Event Saturday, August 10th, 2019

9:00 AM – 12:00 PM Kid Fish & Activities @ CCA Marine Development Center
12:30 PM Lunch & Awards @ Bluff's Landing Marina & Lodge

Kid fish is **FREE** for children ages 5-12!
Activities are open for children of all ages!
DEADLINE to register is Monday, August 5th!

Child #1 First Name_____ Child #3 First Name_____

Child #1 Last Name_____ Child #3 Last Name_____

Age_____ Age_____

Child #2 First Name_____ Child #4 First Name_____

Child #2 Last Name_____ Child #4 Last Name_____

Age_____ Age_____

Legal Parent/Guardian Information:

Name_____

Address_____

Best Phone # to Contact_____

E-mail Address_____

Kid's fishing t-shirts will be available for sale on the day of the event for \$15 each.

Please e-mail filled out registration and permission forms to **Kimberly Prowse '13** at
kimberly.prowse@gmail.com OR mail completed form to: **PO Box 6985, Corpus Christi, TX 78466.**
Please call Kimberly at 361-658-3449 with questions.

For more information on the 2019 Salty Aggie Fishing Tournament and the Lil' Anglers Program, please visit
www.saltyaggies.com or www.facebook.com/saltyaggies

The Nueces County A&M Club is a Chartered Club of the Association of Former Students.

Salty Aggie Fishing Tournament
Lil' Anglers Program

Medical Release Form

This form should be completed by a parent or legal guardian if the program participant is under the age of 18.

Last Name	First	MI	Date of Birth	
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Address	City	State	Zip	Phone #
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Name of Parent or Guardian or Spouse	Phone #	Alternate Phone #
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Address	City	State	Zip	Relationship
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In case of emergency, please contact:

Name	Phone #	Alternate Phone #
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Address	City	State	Zip	Relationship
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Is the program participant under a doctor's care for any medical problem? If so, please explain:

Does the program participant have any medical condition, other than described above, that the staff in the Office of Admissions should be aware? Yes No

If yes, please describe: _____

Date of last tetanus shot: _____

Please list all allergies: _____

Please list all drug allergies: _____

Please list all medications the program participant is currently taking (including birth control), dietary needs, or special accommodations they will need while at this program:

Insurance Company: _____ Policy #: _____

If the program participant is under the age of 18, a parent or legal guardian must read and sign below:

I authorize the Nueces Co. A&M Club staff and volunteers to secure medical care at a local medical facility for my son/daughter while he/she is participating in a Nueces Co. A&M Club sponsored program. This authorization is required in order to provide emergency care to a student participating in a Nueces Co. A&M Club program.

Parent/Guardian Signature

Date

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ASSUMPTION OF RISK/RELEASE OF LIABILITY FORM

I, participant (or participant's parent/legal guardian if participant is under 18 years old) _____, authorize my (my child's) full participation in **Salty Aggies Fishing Tournament**, including related activities. I understand the activities are not without some inherent risk of injury. In consideration of my (my child's) right to participate in this activity I agree to release, waive, discharge, agree not to sue, and agree to hold harmless for any and all purposes, Texas A&M Nueces County A&M Club and all other Lil' Angler sponsors, their officers, employees, agents, and volunteers (Releasees) from any and all liabilities, claims, or injuries, including death, that may be sustained while participating in this activity, including traveling to, from, and for the activity, or while on premises owned or controlled by Releasees, **including injuries sustained as a result of the negligence of Releasees.** I understand this release does not apply to injuries caused by intentional or grossly negligent conduct on the part of Releasees. I further agree to indemnify and hold harmless Releasees for any loss, liability, claim, or injury caused by me (my child) while participating in this activity, including traveling to, from, and for the activity, or while on premises owned or controlled by Releasees.

I also give my permission for me (my child) to receive any emergency medical treatment by a healthcare professional, including emergency medical transportation, which may be required for injuries sustained by me (my child.) I agree to indemnify and hold harmless Releasees for any costs incurred to treat me (my child), even if a Releasee has signed hospital documentation promising to pay for the treatment.

Participant's Name: _____	
Participant is a United States citizen/permanent resident: YES NO	
Participant's Signature (18 or older)	Date: _____
Parent/Legal Guardian Signature (younger than 18)	Date: _____
I agree to follow all instructions and procedures in order to maintain a maximum level of safety.	
Participant's Signature:	Date _____
If the participant has medical insurance, please indicate the:	
Insurance Company: _____	
Policy Number: _____	
Name of Primary Policy Holder: _____	

State law requires you be informed of the following:

(1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.

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RELEASE FORM PERMISSION TO TAPE OR PHOTOGRAPH
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I do hereby consent and agree that the Nueces Co. A&M Club has the right to utilize photographs, video, or audio of me (and/or my property) and to use these for promotional materials.

I do hereby release Nueces Co. A&M Club members all rights to exhibit this work publicly or privately. I waive my rights, claims or interests I may have to control the use of my identity or likeness in the photographs, video or audio, and agree that any uses described herein may be made without compensations or additional consideration of me.

I represent that I have read and understand the foregoing statement and am competent to execute this agreement. **(Youth under 18 must have parent signature.)**

Participant Name: _____

Participant Signature: _____

Parent Name: _____

Parent Signature: _____

Date: _____