

Pelagic Kids Fishing Camp

2019 Registration Form



Parent/Guardian Name: _____ Date: _____
 (Last) (First)

Address: _____ City: _____ State: _____ Zip: _____

Mobile Number: _____ Alternate Number: _____

Email Address: _____

PLEASE CHECK THE BOX FOR THE SESSION(S), BOAT & PACKAGE THAT YOUR CHILD IS ATTENDING

Child's Full Name: _____ Age: _____ Male Female

<u>Sessions</u>	<u>Dates</u>	<u>Norwalk Boat</u>	<u>Stamford Boat</u>	<u>Silver Pkg.</u>	<u>Gold Pkg.</u>	<u>Platinum Pkg</u>
Session 1: 8:00 a.m. –12:00 p.m.	June 24th- June 28th					
Night Session: 6:00 p.m. – 10:00 p.m. Ages 12+ Only	June 24th- June 28th					
Session 3: 8:00 a.m. – 12:00 p.m.	July 8 th - July 12th					
Night Session: 6:00 p.m. – 10:00 p.m. Ages 12+ Only	July 8th- July 12th					
Session 4: 8:00 a.m. – 12:00 p.m.	July 15 th - July 19th					
Session 4: 1:00 p.m. – 5:00 p.m.	July 15th- July 19th					
Session 5: 8:00 a.m. –12:00 p.m.	July 22 nd - July 26th					
Session 5: 1:00 p.m. – 5:00 p.m.	July 22nd- July 26th					
Session 6: 8:00 a.m. –12:00 p.m.	July 29 th – August 2nd					
Session 6: 1:00 p.m. – 5:00 p.m.	July 29th – August 2nd					
Session 7: 8:00 a.m. –12:00 p.m.	August 5 th - August 9th					
Session 7: 1:00 p.m. – 5:00 p.m.	August 5th- August 9th					
Session 8: 8:00 a.m. –12:00 p.m.	August 12 th - August 16th					
Session 8: 1:00 p.m. – 5:00 p.m.	August 12th- August 16th					
Session 9: 8:00 a.m. –12:00 p.m.	August 19 th - August 23rd					
Session 9: 1:00 p.m. – 5:00 p.m.	August 19th- August 23rd					
Session 10: 8:00 a.m. –12:00 p.m.	August 26 th - August 30th					
Session 10: 1:00 p.m. – 5:00 p.m.	August 26th- August 30th					

PELAGIC BEAST KIDS FISHING CAMP PACKAGES

Included in package	Silver Package \$600/wk	Gold Package \$675/wk	Platinum Package \$750/wk
½ day session of your choice	X	X	X
Fishing rod rental to use for the entire session	X	X	X
All bait	X	X	X
All Tackle	X	X	X
Fish Cleaning	X	X	X
Bringing their catch home	X	X	X
Fishing rod of their own to keep		X	X
Tackle box of their own to keep		X	X
T-shirt for camper			X
Pictures			X
Videos			X

EMERGENCY TREATMENT CONSENT FORM

It is REQUIRED that you complete, sign and return this entire form.

Acknowledging notification and agreeing not to hold Pelagic Beast II, LLC, its employees, officers, members and affiliates liable for accidents/health problems while participating in the children's fishing camp known as "Pelagic Kids Fishing Camp" offered by Pelagic Beast II, LLC. Your signature will also give permission for medical treatment if we cannot contact you.

Child's Name: _____ Birthdate: _____

Full Address: _____

Email: _____

Parent/Guardian Name: _____

Cell: _____ Home: _____

Work: _____

If Parent/Guardian above cannot be contacted, please call:

Emergency Contact 1:

Name: _____ Home: _____

Cell: _____ Work: _____

Emergency Contact 2:

Name: _____ Home: _____

Cell: _____ Work: _____

If I, _____ CANNOT BE REACHED, I GIVE PERMISSION FOR PELAGIC BEAST II, LLC, ITS EMPLOYEES, MEMBERS, AND AFFILIATES TO ACT ON MY BEHALF IN AN EMERGENCY SITUATION.

Name of Physician: _____

Address: _____

Phone Number: _____

Insurance Company: _____ Policy Number: _____

PELAGIC BEAST II LLC DOES NOT HAVE INDIVIDUAL HEALTH INSURANCE. YOUR PERSONAL INSURANCE PLAN SHOULD COVER YOUR CHILD WHILE ON BOARD OR DURING ANY PELAGIC BEAST II, LLC ACTIVITY.

HEALTH INFORMATION

This form will accompany your child if transported to the hospital.

1. Does your child take any medication?

Yes

No

If yes, please list all medications and dosages:

2. Has your child had any health issues, for example anaphylactic allergic reaction, asthma, diabetes, surgeries, or any other health concerns?

Yes

No

If yes, please explain:

3. Has your child had anaphylactic allergic reaction that requires them to carry an EPI Pen?

Yes

No

If yes, please fill out the EPI Pen Administration Form on the following page.

*****PERMISSION FOR MEDICAL TREATMENT*****

Pelagic Beast II, LLC, its employees, members and affiliates have my permission in an emergency when my physician or I cannot be contacted to administer care and treatment for my child, including care and treatment for injuries, illness and administration of medication. The company representatives may hospitalize/ or secure proper treatment for my child in case of medical emergency, if in their best professional judgement, further delay might jeopardize the welfare of my child. I give permission to release pertinent medical information to Pelagic Beast II, LLC, employees, members, and affiliates on a need to know basis period. I give permission to release information from my child's medical file to a doctor's office or hospital, including by fax if necessary, in order to facilitate proper medical care.

Parent/Guardian Signature: _____

Date: _____

EPIPEN ADMINISTRATION AUTHORIZATION FORM

I, _____ am the parent/guardian of _____, who has been diagnosed as having a severe allergy and has been prescribed an epinephrine auto injector by a qualified healthcare professional. I hereby request and authorize all employees, officers, members, and affiliates of Pelagic Beast II, LLC to administer, attempt to administer or allow my child to self-administer an epinephrine auto injector as directed by my healthcare provider. I am aware that it may be necessary for the injection to be administered by an individual other than a trained healthcare professional, and specifically consent to such practices. I agree to release, indemnify, and hold harmless, Pelagic Beast II, LLC and all employees, officers, members, and affiliates from law suit, claims, demand, or action against them for the administration or self-administration of the epinephrine auto injector prescribed for this child. I understand that emergency authorities will be called when an epinephrine auto injector is administered, whether or not the child manifests any symptoms, or anaphylaxis.

Child Name: _____

Birthdate: _____

Parent/Guardian Signature: _____

Parent/Guardian Phone Number: _____

Date: _____