



PARTICIPANT REGISTRATION FORM

Event Name: _____ Location: _____

Participant Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____ Email: _____

Age: _____ T-Shirt Size: _____ Gender: Male Female

Disability/Special Needs: _____

Does the participant require the use of a wheeled or motorized chair? Yes No

Accommodations / Special Dietary Needs: _____

Parent, Guardian and Participant Information

Has the Participant ever fished before? Yes No

As a Parent or Guardian, do you or any other family member's fish? Yes No

Have you participated in events like CAST for Kids before? Yes No

Would you be interested in providing feedback regarding your experience following the event?

Yes No The best way to reach me is phone Email Do Not Contact Me

PARENT/GUARDIAN QUESTIONS

Permission is granted to photograph my child(ren), and myself and for C.A.S.T. or their nominee to use in conjunction with the promotion of the C.A.S.T. for Kids Program. In addition, we hold the C.A.S.T. for Kids Foundation, volunteers and agents harmless and free of any liabilities related to any and all accidents resulting in accidental injury, to us or our child, while participating in the C.A.S.T. for Kids Event.

Parent or Guardian Name: _____

Parent or Guardian Signature: _____ Date: ____/____/____