

FISHING & CAMPING CLUB

No Frills

Just Fun

Get Outside

Fun Fact: You do not have to fish to join!

Students from all levels welcome!

Oct. 15 th & 16 th	Saturday-Sunday	Clermont
Nov. 5 th & 6 th	Saturday-Sunday	Clermont
Jan. 7 th & 8 th	Saturday-Sunday	Clermont
Feb. 4 th & 5 th	Saturday-Sunday	Clermont

**Deep Sea Fishing Trip – Monday, February 20th (President's Day)
Orlando Princess, Cocoa (Optional/Additional Fee)**

-----Cut Here and Return-----

\$100

**PARENTS MUST RETURN THIS FORM AND PAYMENT
TO THE BLACK DROPBOX BY THE FRONT OFFICE.
PAYMENT MUST ACCOMPANY FORM.**

***ALL GRADES
WELCOME***

****A parent or guardian is required at all events****

Payment Options: Cash (enclosed) or Check (enclosed) Number _____

Credit Card Name on Card _____

Credit Card Number _____

Credit Card Expiration Date _____

Credit Card on File Authorization (please initial here) _____

You are initialing for us to charge your credit card for the above amount.

PHONE NUMBER _____

EMAIL _____

SIGNATURE _____



Permission Form

EVENT: Fishing & Camping Club Events

DATES: Oct. 15th & 16th, Nov. 5th & 6th, Jan. 7th & 8th, Feb. 4th & 5th, February 20th

NAME OF STUDENT: _____

The undersigned, who is the parent/guardian of _____, a minor (hereinafter referred to as "Student"), on behalf of himself and student, their personal representative, assigns, heirs and next of kin, request Student is permitted to participate in the aforementioned event:

1. Hereby releases, waives, discharges and covenants not to sue, Pace Brantley School, their officers, employees and agents, all for purposes herein referred to as Releases, from all liability to the undersigned and Student, their personal representatives, assigns heirs and next of kin, for all loss or damage, and/or claims, demands, causes of actions or suit of any kind therefore, particularly on account of injury to the person or property or resulting in the death of Student, whether caused by the negligence of Releases or otherwise, while Student is a participant in the aforementioned event;
2. Hereby agrees to indemnify and save and hold harmless the Releases and each of them from any loss, liability, damage, or cost they may incur while Student is a participant in the aforementioned event, whether caused by the negligence of the Releases or otherwise;
3. Hereby assumes full responsibility for and risk of bodily injury, death or property damage due to the negligence of Releases or otherwise while Student is a participant in the aforementioned event;
4. Hereby agrees that if any portion of the Agreement is held invalid, that the balance shall, notwithstanding, continue in full legal force and effect.

Signature of Parent/Guardian

Date

MEDICAL INFORMATION

In the event Student becomes ill, I authorize the faculty or chaperones to obtain medical attention at a physician's office or hospital. Student is covered by the following medical insurance:

Insurance Co. Name: _____ Group No.: _____

Allergies: _____ Chronic/Acute Illnesses: _____

I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO REACH ME BEFORE MEDICAL PERMISSION IS GIVEN TO TREAT MY CHILD.

Home Telephone No.: _____

Mother's Work No.: _____

Father's Work No.: _____

Mother's Cell No.: _____

Father's Cell No.: _____

Signature of Parent/Legal Guardian

Date