

# The Fishing Academy

617 782-2614

16 Adair Rd. Brighton MA.

## 2011 Camp Registration

Please note: 2011 registration fee is \$300.00 per camper  
Reduced fees are on a sliding scale, based on income.

Remember to register early! The Best Weeks Book Up Fast!

Week One: June 27th-July 1st

Week Two: July 4th-July 8th

Week Three: July 18th-July 22nd

Week Four: July 25th-July 29th

Week Five: August 8th-August 12th

Week Six: August 15th-19th

Due to the popularity of The Fishing Academy Program, all campers will be limited to one week of camp. Campers may be put on a waiting list for additional weeks if space is available.

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_

Phone #: \_\_\_\_\_

I, (parent or Legal Guardian) \_\_\_\_\_

I, (parent or Legal Guardian Email) \_\_\_\_\_

Give permission for (Child's Name) \_\_\_\_\_ to attend.

The Fishing Academy Summer program from 9:00AM to 3:30 PM \_\_\_\_\_ through \_\_\_\_\_. I also give permission for my child to participate in the following activities with The Fishing Academy. Daily Trips to local Fishing spots: Charles River, Jamaica Pond, Muddy River, Brookline Reservoir, Farm Pond, Chandler Pond, Walden Pond, Crystal Lake, Castle Island, Buckmaster Pond Parental Approval Yes \_\_\_\_\_ (Check Box) Fishing Academy Trip to Sandwich Fish Hatchery Sandwich, MA. \_\_\_\_\_ Parental Approval Yes \_\_\_\_\_ (Check Box)

I understand that my son/daughter will be obliged to abide by The Fishing Academy rules while participating in the program. In the event of serious illness or injury to my child/ward, I expressly consent to the administration of emergency medical care, if in the opinion of attending medical personnel, such action is advisable. If needed, I hereby authorize dispensation of medication by trained, non-nursing personnel in an emergency and or/life threatening situation or as prescribed by my child's primary provider.

My Child Does require medication during this authorized trip \_\_\_\_\_ (Check Box)

My Child Does Not require medication during this authorized trip \_\_\_\_\_ (Check Box)

I have read this permission slip and understand its terms. I sign it voluntarily and with full knowledge of its significance. .

Parent/Guardian Signature \_\_\_\_\_

Child's Health Plan/Primary Care # \_\_\_\_\_

Emergency Contact Name and Number \_\_\_\_\_