



Ultimate High School Fishing

MEMBER PROFILE

2023 – 2024

This member packet is due September 1, 2023

UHSF Dues: \$125

Make checks payable to "Ultimate High School Fishing"

Mailing address for member packets and fees:

155 PR 6071 Carthage, TX 75633

Please print neatly.

Name: _____

Birth Date: _____

Address: _____

Phone: _____

Email: _____

SHIRT SIZE: _____

SCHOOL: _____

GRADE (7-12): _____

Co-Angler: _____

Fishing Experience: _____

Parent/Guardian Information:

Name: _____

Name: _____

Phone: _____

Email: _____

Phone: _____

Email: _____



Ultimate High School Fishing

Release of Liability

Activity or Event:

Any and all Ultimate High School Fishing related activities or events **Date:** _____

Participant 1
Full Name

Participant 2
Full Name

I understand that participation in the above Activity or Event may be hazardous for the above- named participant.

In signing below, I assume risk of harm or injury which may occur to the participant as a result of participating in the above-named activity or event. I hereby release Ultimate High School Fishing and its officers, volunteers, or agents from any liability, costs and/or damages resulting in this individual's participation.

If the participant is a minor:

I agree that the minor has my consent to participate in the event or activity.

I also give my consent for the organization to seek emergency treatment if necessary, and I agree to accept financial responsibility for the costs related to this emergency treatment.

Publicity:

In signing below, I hereby grant Ultimate High School Fishing the unconditional right to use my name, voice, photographs, biological information, fishing tips and/or instructions including but not limited to video/audio productions, merchandising, promotions, articles and/or press releases, in connection with any and all Ultimate High School Fishing activities or events.

I understand that I will not be entitled to receive any compensation in connection with such use.

Participant's Signature

Participant's Signature

Print Name of Participant

Print Name of Participant

Signature of Parent/Guardian

Signature of Parent/Guardian

Print Name of Parent/Guardian

Print Name of Parent/Guardian





Ultimate High School Fishing

Statement of Consent/Pre-Authorization for Medical Treatment

In the event of an emergency or non-emergency situation requiring medical treatment, I, _____, hereby grant permission for any and all medical/dental and/or surgical treatment to be administered to my child, _____, in the event of an accidental injury or illness, until such time as I can be contacted. This permission/authorization includes, but is not limited to, the administration of first aid, the use of an ambulance, hospital care, the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel chosen by Ultimate High School Fishing adult sponsor. I also assume the financial responsibility for any medical treatment for my child.

Print name of Parent/Guardian

Parent/Guardian Signature

Date

If any student/participant will be turning 18 years old within the current school year or is already 18 years of age, by signing below, he/she also gives consent to and is in agreement with all statements printed above.

Print name of Student Participant

Student Participant Signature

Date



Ultimate High School Fishing

Medical Release Form

Student/Participant Name _____

Address _____

City, State, Zip _____

Date of Birth: _____ Sex (check) Male _____ Female _____

General Health Information: (List all known medical conditions and limitations including food allergies. List any/all over the counter and prescription drugs taken regularly).

Primary Insurance Company _____

ID Number _____ Group Number _____

Insured's Name _____ Relationship to Student _____

Physician _____ Physician's Phone _____

Or have bill sent to: _____

Name _____ Address _____ Phone _____

Signature of Responsible Party _____ **Date** _____

Emergency Contacts:

Parent/Guardian _____ Phone _____ Relationship to Student _____

Parent/Guardian _____ Phone _____ Relationship to Student _____

Parent/Guardian _____ Phone _____ Relationship to Student _____



Ultimate High School Fishing

Volunteer Boat Captain

Name: _____

Address: _____

Email: _____

Phone: _____

Boat Information: _____

Emergency Contact: _____

Phone: _____

Fishing Experience: _____

All about You: (Tell us more about you - occupation, family, hobbies, other activities, etc.)
