Sam Rizzio Youth Fly Fishing Clinic

(Ages 10 through 15 only)

Registration / Release Form

\$20/per Student

April 23, 2016 (8:30 am - approx 1:30 pm)

In consideration of the Upper Chattahoochee (UCCTU) and other chapters of Trout Unlimited (TU), The Chattahoochee Nature Center (CNC), The Fish Hawk, Atlanta Fly Fishing School (AFFS), Alpharetta Outfitters, Bass Pro Shops and the Georgia Women's FlyFishers (GWFF), and for permitting me to participate in The Sam Rizzio Youth Fly Fishing Clinic, I hereby release UCCTU, TU, CNC, The Fish Hawk, AFFS, Alpharetta Outfitters, Bass Pro Shops and GWFF for all injuries, damages, or losses of any nature whatsoever in any manner connected directly or indirectly to the clinic and I hereby agree to indemnify and hold harmless UCCTU, TU, CNC, The Fish Hawk, AFFS, Alpharetta Outfitters, Bass Pro Shops and GWFF, their helpers, and agents from any injuries, damages or losses arising or that may incur from participating in the clinic. All students must have parents' or legal guardian's signature on this release form.

Student's name		Age	
AddressCity	<i></i>	_ State	_ Zip
Primary Phone ()	, ,		
Email address:			
Emergency contact namePrimary Phone ()	Secondary		
Student Signature			
Parent/Guardian Signature		Date	
Questionnaire: Have you fished before? Have you	fly fished before	9?	
How would you describe your fishing experience	ce? □ Beginne	er 🗆 Int	ermediate
What would you like to achieve from this clinic	?		
How did you hear about the clinic?			

VERY IMPORTANT!

Due to demand, limited slots, and as a courtesy to students on our wait list we ask parents to notify Tom Hayes at 513-515-7954 or rizzioclinic@ucctu.org as soon as possible if unable to attend. Return this registration form to: **Tom Hayes at 3443 Kingsboro Rd, NE #1210 Atlanta, GA 30326** along with a check for \$20 made payable to UCCTU or rizzioclinic@ucctu.org if registered and paid online.