



# High Hook Charters Kids Fishing Sessions

# 2024

## REGISTRATION FORM

Childs Name \_\_\_\_\_ Age \_\_\_\_\_

Parents Name \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Any Allergies \_\_\_\_\_ Bringing Epi-Pen? \_\_\_\_\_

### WAIVER FORM

I agree that on this date I have read and agree to the following rules. In case of an emergency, I give high hook permission to contact the emergency contact that is listed above. I give high hook charter fishing permission to treat or make medical decisions on my child until medical responders are on scene. If in the event of serious injury or illness, and so that my child may be sent to the hospital via ambulance, I understand that I am responsible for all charges. I give high hook fishing charters permission to film or photograph my child during the fishing sessions. I also give high hook charters permission to use the photos or videos for promotional purposes, including but not limited to the high hook website, newsletter, instagram, facebook, and other marketing communication materials. ***I agree I have read the cancellation policy on the kids camp form and agree to our policy. I also agree to the cancellation due to weather policy.***

Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*Please Do Not Fill Out Unless You Have Confirmed A Session With High Hook\***

My child will be attending session:  
(please circle)

Please send this form with full payment via check to:



**High Hook Charters**

PO Box 1265

Duxbury Ma 02331

1A	1B	1C	1D	1E	1F
2A	2B	2C	2D	2E	2F
3A	3B	3C	3D	3E	3F
4A	4B	4C	4D	4E	4F
5A	5B	5C	5D	5E	5F
6A	6B	6C	6D	6E	6F
7A	7B	7C	7D	7E	7F

**KIDS CAMP FULL DAY** (please circle)

Session: 1 2 3 4 5 6 7 8

For more information or questions about registering please contact High Hook Charters at 781.291.1304  
or email [Charters@FishHighHook.com](mailto:Charters@FishHighHook.com)