

High Hook ChartersKids Fishing Sessions

2025REGISTRATION FORM

Childs Name	Age			
Parents Name	Shirt Size:			
Phone Number:	Email:			
Mailing Address:				
Emergency Contact	Phone Number			
Any Allergies	Bringing Epi-Pen?			
WAIN	ER 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

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

My child will be attending session: (please circle)

5A 5B 5C 5D 5E 5F 6A 6B 6C 6D 6E 6F 7A 7B 7C 7F

KIDS CAMP FULL DAY (please circle)

Session: 1 2 3 4 5 6 7 8