

# The Big Cat Catfishing Tournament

## Registration Form

### Office Location

Goldsboro Parks &  
Recreation  
Department  
901 East Ash St  
Goldsboro, NC 27530

### Mailing Address

Program Registration  
Goldsboro Parks  
& Recreation Department  
PO Drawer A  
Goldsboro, NC 27533

Participant's Name : \_\_\_\_\_

Age: \_\_\_\_\_ (First, Middle Initial, Last)

Parent/Guardian's Name: \_\_\_\_\_

(First, Middle Initial, Last)

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

(Street Address, Not P.O. Box)

City

State

Zip Code

### [Rules](#)

One rod per child  
Only tagged catfish count  
Live bait only

### Contact Information

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

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

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

E-mail: \_\_\_\_\_

### Program Information Request

Will you need a fishing pole? Yes / No (Circle One) Limited amount available

Will you need bait? Yes / No (Circle One) Limited amount available

Will you have a parent or guardian with you? Yes / No (Circle One)

Is this your first time fishing? Yes / No (Circle One)

### Emergency/Medical Information

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Doctor/Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Known Allergies or Chronic Medical Conditions (if none state none): \_\_\_\_\_

Medications Currently Taking: \_\_\_\_\_

### Photos

By registering for this program, I am authorizing that pictures or video may be taken of the participant for marketing purposes.

### Warning, Refund Statement, Liability Release and Acknowledgement and Assumption of Risk

I understand that participation in this recreation program involves risk of injury. These risks include but are not limited to collision with other participants, being hit by ball or bat, tripping or falling, contact with other participants that may have infections (communicable) diseases, physical exertion or other accidents. I further understand that before participating in this or any program, I should consult a Physician for advice. There are absolutely no refunds. Complete refund policy available upon request. By signing this form I acknowledge all risk of injury and death affirm that I am willing to assume responsibility should injury or death results from them. I also agree to follow the rules and procedures of the program, and to follow reasonable instructions of the teachers and supervisors for the program, I agree for myself, and for my heirs, assigns, executors and administrators, to waive any legal rights I may have to seek payment from the City, its employees or its agents for bodily injury or death resulting from this program, and to release those parties from any liability for damages resulting from this program, and to release those parties from any liability for damages resulting from the injuries or death. I understand that no insurance coverage is provided by the City of Goldsboro.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(if under 18 years of age)

### FOR OFFICE USE ONLY

Date received: \_\_\_\_\_ Time Received: \_\_\_\_\_ Received By: \_\_\_\_\_