



# COMMUNITY FISHERIES

April 11, 18, 25, May 2, 9 & 16, 2016

Monday Nights - 6:00pm - 8:00pm

The Cove at Herriman Springs

6979 West Rose Canyon Road (14100 So.) Herriman, Utah

\$15 Per child (T-shirt included when pre-registered)

Registration Online or Call 801-254-7667

*Space is Limited- Entry is on a first come basis*

**REGISTER ONLINE**

The DWR's Urban Fishing Program includes an educational component for urban children (ages 6 to 13) who have never fished, or haven't fished as much as they'd like. The Program is lead by adult mentors who teach youth about fish, the place they live, and how to catch them.

Visit [www.Herriman.org](http://www.Herriman.org) for other event information



Date: _____
Receipt #: _____
Fee Amount: _____
City Rep.: _____

**2016 Herriman City  
Community Fisheries Registration Form**  
**\*\*\*\*Space is limited to the first 55 paid participants\*\*\*\***

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

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Shirt Size- YS YM YL S M E-mail/Fax#:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**\*\* Due to DWR Regulations any parent that intends on staying during the class must pass a background check. \*\***

**Herriman City recreation does not provide any insurance for participants.  
It is recommended that participants have coverage of their own.**

\_\_\_\_\_ **Consent for Medical Treatment:** I, on behalf of my child, hereby consent to emergency medical or hospital care that may be rendered by a physician or hospital. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependant.

**Fee: \$15.00- No refunds Available**

**\*\*Make checks payable to Herriman City\*\***

**\*\*\* Youth (age 6-13) will be placed with mentors on a first come first serve basis\*\*\***

**Liability Release/Waiver**

I authorize my child to participate in Youth Fishing. I understand Youth Fishing contains certain dangers and risks, particularly if my child fails to follow written warnings or verbal instructions or engages in activities beyond his or her abilities. I will specifically look for and instruct my children on these dangers and warnings signs. Knowing these risks, I believe that the benefits of my child's participation in Youth Fishing outweigh any risk associated with this activity. Individually, and on behalf of my child, I agree to release Herriman City and its agents and employees from all claims arising associated with my child's participation. I further understand that it is my responsibility to keep my child from participating in any activity beyond his or her abilities.

**CONSENT FOR PICTURES**

I hereby consent to allow my picture or picture of my child and/or likeness to appear in any official documentary, promotional, exclusive television, radio, or film coverage of the Parks & Recreation Department in any manner incidental to my participation in the activity of the Herriman City Parks & Recreation Department without compensation to me or my child.

**Signature Parent/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FISHING POLE RENTAL AGREEMENT**

**Deposit: \$50.00** **Pole #:** \_\_\_\_\_

The deposit is refundable if fishing pole is returned  
in good condition with no damages at the end of last class.

**Signature when received:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature when returned:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For more information visit: [www.herriman.org](http://www.herriman.org) or call Herriman City Parks Dept 801-254-7667