

YOUTH FIELD DAY
SATURDAY - SEPTEMBER 13, 2008
Bucks County Fish & Game Assoc.
1745 Turk Road, Doylestown Pa 18901
Registration & Liability Release

PARENTS OR GUARDIAN must complete this form for the youngster who will be participating in Bucks County Youth Field Day Program on Saturday, September 13, 2008

Please use a separate form for each individual attending the event

NAME (YOUTH) _____ DATE OF BIRTH _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE (_____) _____ AGE OF YOUTH _____ (AGES 10-16 ONLY)

Have you attended the Bucks County Youth Field Day before? Yes _____ No _____
Are you bringing someone who has never attended Youth Field Day before? Yes ___ No ___

PARENT OR GUARDIAN'S NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

CHILDREN MUST BE ACCOMPANIED BY A RESPONSIBLE ADULT

Name of accompanying adult _____

Space is limited. Youth should register before August 25, 2008.

Check-in on the day of event begins at 9:00 **INSIDE THE CLUBHOUSE**. All Youngsters should be there by that time.

There is **no fee** for this event.

PARENT OR GUARDIAN

I, _____, do hereby permit the child listed above to participate in the various activities offered by the BUCKS COUNTY YOUTH FIELD DAY. I do hereby release any Sportsman's Club, the Sponsors, all State Agencies, the Staff and any other volunteers of the YOUTH FIELD DAY, from any liability due to any accident or injury incurred during the YOUTH FIELD DAY activity.

SIGNATURE OF PARENT _____ DATE _____

MAIL APPLICATION TO:

SEC/BCFG
PO Box 465
Richboro, Pa. 18954

INFORMATION
www.membership@bcfg.org

NOTE: If you would like to be grouped together, please mail **ALL** applications together in one envelope. We cannot guarantee grouping, but this will greatly increase the chances.