

SHERIFF MIKE TREGRE  
ST. JOHN THE BAPTIST PARISH



**FREE FISHING CAMP- April 22, 2023**  
**REGISTRATION FORM**

CHILD'S NAME: \_\_\_\_\_ CHILD'S AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ ALT. #: \_\_\_\_\_

**PLEASE CHECK ONE FOR EACH:**

WILL YOUR CHILD BE RIDING THE BUS: ( ) YES ( ) NO

WILL YOUR CHILD BE PICKED UP ON THE:

( ) WEST BANK (ST. JOHN THE BAPTIST CATHOLIC CHURCH - EDGARD) - 7:15 AM

( ) EAST BANK (WINN DIXIE - HWY 61 - LAPLACE) - 7:30 AM

( ) OTHER (I WILL BRING MY CHILD TO THE BONNET CARRE SPILLWAY LAUNCH-NORCO) FISHING SITE

DOES YOUR CHILD HAVE: FISHING EXPERIENCE? ( ) YES ( ) NO

THEIR OWN FISHING ROD? ( ) YES ( ) NO

WILL YOU BE ACCOMPANYING YOUR CHILD AS A VOLUNTEER? ( ) YES ( ) NO

ANYONE FISHING, AGE 16 OR OLDER, ARE REQUIRED TO HAVE A VALID  
LOUISIANA FISHING LICENSE.

FORM MUST BE **RETURNED** TO THE SJSO BY: FRIDAY April 08, 2023

PLEASE CHECK ONE OF THE FOLLOWING TO GRANT OR NOT GRANT PERMISSION FOR  
YOUR CHILD TO PARTICIPATE IN THE "FREE FISHING CAMP". SPONSORED BY ST. JOHN  
THE BAPTIST PARISH SHERIFF OFFICE AT THE BONNET CARRE SPILLWAY (NORCO).

( ) **I GIVE** PERMISSION ( ) **I DO NOT GIVE** PERMISSION - FOR MY CHILD TO PARTICIPATE IN  
THE FREE FISHING CAMP AND HAVE PHOTO TAKEN

( ) I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THE FREE FISHING CAMP, BUT NO  
PHOTOS TAKEN

( ) I WOULD LIKE TO ATTEND AS A VOLUNTEER, WHEREAS I AGREE TO ATTEND A  
MANDATORY VOLUNTEER'S ORIENTATION AND SUBMIT TO A BACKGROUND CHECK.

**PLEASE CONTACT MR. BERNELL CHARLES (504) 570-4885**

\_\_\_\_\_  
PRINT NAME OF PARENT/GUARDIAN

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE



**MEDICAL CONSENT AND LIABILITY FORM**  
**Free Fishing Camp Participant**

Hosted by: Sheriff Mike Tregre---St. John Parish Sheriff Office

**BOTH sections must be signed in order to participate.**

Camper's Name: \_\_\_\_\_  
(Please Print)

Parent/Legal Guardian: \_\_\_\_\_  
(Please Print)

**Liability Waiver**

I grant permission for my child to participate in the Free Fishing Camp. I agree to hold harmless St. John the Baptist Parish government for any and all injuries, disabilities, death, loss or damage to person or property including accidents which he/she may incur while participating in the Camp whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law.

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

\_\_\_\_\_  
**Date**

**Medical Consent**

As parent/legal guardian of the above named child, I hereby give my consent for medical care prescribed by a duly licensed Doctor or of Medicine, Doctor of Dentistry, or EMT. This care may be given under whatever conditions are necessary to preserve my life, limb(s) or well-being of my dependent.

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

\_\_\_\_\_  
**Date**