



# Fishing Permit Registration

Hollis Park District

Resident  Non-Resident  Senior  Single  Couple  Veteran  Day Pass  Weekend Pass

License Plate #: \_\_\_\_\_ Vehicle Type: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Check if you are interested in receiving e-mail notifications  Yes for Text Messages Carrier: \_\_\_\_\_

Emergency Contact & Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Medical Concerns: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Resident  Non-Resident  Senior  Single  Couple  Veteran  Day Pass  Weekend Pass

License Plate #: \_\_\_\_\_ Vehicle Type: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Check if you are interested in receiving e-mail notifications  Yes for Text Messages Carrier: \_\_\_\_\_

Emergency Contact & Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Medical Concerns: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Liability Waiver:

As a participant in the above named program, I recognize and acknowledge the risks of potential physical injury from participation in the above named program. I fully understand the nature and extent of potential injury from participation in the above named program. I assume full responsibility and risk of any and all potential injury, damage or loss, which I may sustain as a result of participation in the above named program and/or any activities associated with the program.

I, hereby agree to waive and relinquish all claims, which I have, or may have, against Hollis Park District, its officers, agents, servants and employees as a result of participation in the above named program. Should I become injured or ill I consent to emergency medical care being provided I have carefully read this waiver and fully understand its content.

Signature of Participant or Parent /Legal Guardian for participants under the age of majority;

Signature \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY:

Amount Paid: \$ \_\_\_\_\_ Cash/Check/CC #: \_\_\_\_\_ Receipt #: \_\_\_\_\_

# Of Guest Passes: \_\_\_\_\_ HPD Employee Initials: \_\_\_\_\_