

The Fishing Academy RASP Program

16 Adair Road, Brighton, MA 02135

Child's Name: _____

Address: _____

Age: _____

Phone#: _____

I, (parent or Legal Guardian) _____
give permission for (Child's Name) _____ attend
The Fishing Academy RASP program on Tuesdays from 2:30PM to 4:30 PM
October 6 through November 17, 2009. I also give permission for *my* child to
participate in the following activities with The Fishing Academy. Daily Trips
to local Fishing spots: Charles River, Jamaica Pond, Muddy River, Brookline
Reservoir, Farm Pond, Chandler Pond, Walden Pond, Crystal Lake, Castle
Island, Buckmaster Pond.

Parental Approval Yes _____ (Check Box)

I understand that *my* son/daughter will be obliged to abide by The Fishing
Academy rules while participating in the program. In the event of serious
illness or injury to *my* child/ward, I expressly consent to the administration of
emergency medical care, if in the opinion of attending medical personnel,
such action is advisable. If needed, I hereby authorize dispensation of
medication by trained, non-nursing personnel in an emergency and or/life
threatening situation or as prescribed by my child's primary provider.

My Child Does require medication during this authorized trip _____.
(Check Box)

My Child Does Not require medication during this authorized trip _____.
(Check Box)

I have read this permission slip and understand its terms. I sign it voluntarily
and with full knowledge of its significance.

Parent/Guardian Signature _____

Child's HealthPlan/Primary Care _____

Emergency Contact Name and Number _____