



B.A.S.S. NATION OF VA. INC. YOUTH MEMBER REGISTRATION FORM

CLUB NAME: _____; YOUTH ADVISOR: _____

CHILD'S NAME: _____

DATE OF BIRTH: _____ CIRCLE ONE: male or female:

Which division will the youth fish: IF – 10 yrs. – 8th grade (JUNIOR DIVISION) or
9th- 12th grade : (SENIOR DIVISION) (if 8th grade in high school angler will fish senior division)

PARENT'S NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE NUMBER (S): HOME: _____ CELL: _____

PARENT'S EMAIL : _____ (please print clearly)

As a member of the B.A.S.S. Nation – VA. Youth Program, I, _____ will abide by all rules, regulations and by-laws of my local chapter, and the rules, regulations and by-laws set forth by the state for all tournaments, activities and events. I will actively participate in state fund raisers, and support the adult program by assisting at a weigh – in at either, the Fall Classic, Mr. BASS OR THE CHAPTER TEAMS TOURNAMENTS FOR THIS SEASON. I understand that I must successfully complete the Va. Department of Games' basic boater safety course. I understand that I must be in good standing with both my local chapter and state program to participate in the state, regional and national tournaments. I understand that I must provide my own personal floatation device and wear it at all times when aboard a water craft.

YOUTH SIGNATURE: _____; DATE: _____

As the parent of the above youth, I/we pledge to support my child as a member of the B.A.S.S. NATION – VA. YOUTH PROGRAM. I/we shall insist that he/she abides by all rules, regulations and by-laws of the local chapter and the state program. I/we shall actively support and encourage his/her participation in fund raising, conservation and public service activities of this program. I do understand that he/she must be in good standing with both the local chapter and state program to participate in the state, regional and national tournament. I shall provide the youth advisor with a birth certificate and the necessary release forms and current contact numbers for emergency purposes at each and all activities. **I understand that I will need to provide my child with a personal floatation device, tackle, and foul weather wear.**

PARENT SIGNATURE: _____; Date: _____

Membership Cost:

State Dues: \$10.00 Paid by check/cash _____ Date: _____

National Dues: \$10.00; Paid by check/cash _____ Date: _____

State Youth Director: Jack Babcock, 804-690-1024; email:Gonefishin567@gmail.com.

State Secretary Treasurer: Pam Bryant; 434-432-1053 home/ 276- 634-6039 cell/Pam Bryant; pam.bfnva@gmail.com

Address: 461 Triangle School Rd., Chatham, VA 24531

State President: Mike Bryant



B.A.S.S. NATION OF VIRGINIA INC.
BOAT CAPTAIN RELEASE FORM

Release of liability, Consent for Medical treatment and Assumption of risk Agreement

Having acquainted me with the rules, I have completed this application and submit it for BASS Nation of Virginia (BNVA) records. In signing this application, and by his/her/my presence at the event, I as a Boat Captain, hereby agree to be bound by and comply with all Tournament rules and regulations. I expressly assume all risks associated with the Tournament and I hereby release, hold harmless and forever discharge, The Bass Federation, Inc. (BNVA), B.A.S.S.- ESPN Federation, and its Staff, the event host, all sponsors, volunteers and tournament officials, (hereinafter "Release") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, property damage, or personal injury, including death, that may be sustained by me, or any property belonging to me, whether caused by the negligence of any of the releasees or otherwise in while participating in any event hosted by the releasees. I hereby grant BNVA the unconditional right to use my named, voice, photographic likeness and biographical information and fishing tips and instructions in connections with any and all tournaments video/audio production and or articles and press releases. I shall not be entitled to receive any royalties or other compensation in connection with such use. I further understand and agree that the tournament Director reserves the right to reject this application for any reason. I hereby consent to and authorize tournament officials to apply/secure or authorize emergency medical treatment on our own behalf, in the case of injury or emergency. I agree to assume full responsibility for payment of any and all fees incurred as a result of such medical treatment.

Boat Captain Release:

As the Boat Captain, I have read and fully understand the above release of liability, consent for medical treatment and assumption of risk agreement as well as all the tournament rules. I fully understand them, understand that I have given up substantial rights by signing them and agree to be bound by them. I sign it freely and voluntary and without any inducement. Note: A copy of the Boat Captain's Insurance Policy with Liability coverage of a minimum of 300K must be submitted with this form:

Do you have any physical impairment of medical conditions that we need to be aware of, Yes _____
No _____? Explain on reverse side.

EVENT: _____ DATE: _____

Boat Captain: _____

Signed Boat Captain: _____ date: ____ \ ____ \ ____

Emergency Contact:

Name: _____ Relationship _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone # (____) _____ Night Phone # (____) _____