



EOB-fish.org

Register as a Patient VIP! Email this form to EOB-fishVIP@mail.com

Rules for participation:

1. Participation as a Patient VIP is open to any current patient of a beneficiary hospital, or former patient currently involved in child life programs such as therapy, camps or sports, **17 years or younger**.
2. Patient VIPs must register using this form with a custodial parent's signature. Chaperones who are also custodial parents residing at the same address may register and sign this form as well.
3. Each Patient VIP must be accompanied by one adult chaperone 18 years or older. Chaperones who are not custodial parents or who reside elsewhere must register separately. Chaperones receive giveaways but are not eligible to win prizes.
4. Those who have fished as Patient VIPs in the past will be placed on the waiting list to allow new patients a chance to participate. Available spots are dependent on sponsorship for the event, VIPs will be alerted as spots become available.

I acknowledge charter fishing carries the risk of unforeseen hazards. Kiwanis of Michigan Foundation only charters USCG licensed and insured charter captains carrying all required safety equipment — however, I agree it is my and my child's responsibility to conduct ourselves safely and responsibly. I agree to release and hold harmless Kiwanis of Michigan Foundation, event beneficiaries, charter captains and all others associated with the event from all liability or obligation for any loss of personal property, damages, injury or death resulting from or arising out of this event or its related activities.

I hereby grant Kiwanis of Michigan Foundation permission to use my and my child's photographic image in any and all of its event-related publications or press releases, including website and social media, without payment or other consideration.

Child's Name: _____ Age: _____ Gender: _____

Parent Name(s): _____ Returning VIP New VIP

Address: _____

City: _____ State: _____ Zip: _____

Parent's Phone: _____ **Event Date:** _____

Parent's E-mail: _____ Does child use a wheelchair? Yes No

Emergency Contact Person while on boat: (This person MUST NOT be on a boat at the same time.)

Name: _____ Phone: _____

PARENT SIGNATURE: _____

Chaperone Name: _____ Chaperone's relationship to child: _____

Chaperone Phone: _____

Chaperone Email: _____

Yes, chaperone is child's parent residing at the same address.

Chaperone Signature: _____
(If different custodial parent than signature above — sign only if YES is checked.)

No, not a parent or resides elsewhere and must register separately.

For EOBFMD use only — boat assignment: _____