

Mid-South Junior Bass Club



Name: _____
 Address: _____ City: _____ State: Zip: _____
 Phone/Home: _____ Cell: _____
 Email: _____
 Childs Name: _____
 Age: _____ Birthday: _____
 Emergency Contact: _____

Contestants agree to procure reasonable property and vehicle insurance for activities related to contestants participation in this tournament. Contestants shall assume all of injury or death and loss of personal property which may result from participation in Mid South Junior League Tournaments. The event sponsors, participants, or officials associated with this event from any and all liability or obligation, or causes of action in any way resulting from or arising out of the tournament related activities. Contestant grants this release with full knowledge of the inherent danger associated with competitive fishing events such as this tournament.

X _____

Membership includes short sleeve Fishing Shirt with sponsors logos and name on front for the youth participant.

MAIL TO: CHRIS MORLOK
 629 GAINES ROAD • HERNANDO, MS 38632
 MAKE CHEKS PAYABLE TO: MSJBC

MEMBERSHIP FEE	\$140
INCLUDES YOUTH SHIRT/CLUB DUES/FLW DUES	
KIDS SHIRT SIZE	
YS YM YL AS AM	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

<i>Name to appear on shirt</i>	
MATCHING ADULT SHIRT \$75	_____
OR	
CLUB T-SHIRT \$15	_____
S M L XL XXL	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
TOTAL \$	_____

<i>Name to appear on shirt</i>	

TBF Emergency Medical Form



In the event my son/daughter becomes ill or is injured while participating in any TBF Junior Federation event, I hereby give my consent to the TBF Officials or their designees, it's board members and officers to authorize the administration of any emergency medical or dental treatment deemed necessary by a licensed physician or dentist, and the transfer of the child to a hospital, clinic or office to obtain treatment. It is understood that reasonable attempts will be made to contact the parents or guardian at the number listed below prior to administration if reasonably possible. The following questions will help us to be prepared for your child.

1. a) Any allergies including food, insect bites, and medications? Please list
b) What signs or symptoms result with the allergy (i.e. Difficulty breathing, hives, rash etc)?
c) What is the usual method of treatment when allergy occurs?
2. Does the youth have any medical conditions we should know about currently? If so List.
3. Does the youth currently take medication for the above named condition? If so, please list including name of medication (ie. Twice a day, three times daily).
4. Does the youth have any physical limitations we should know about?

Please print:

Parent or Guardian Name _____

_____ Telephone _____

I give my consent for the above emergency treatment.

I DO NOT give my consent for the above emergency treatment

Date _____

Signature _____



Generic Youth Club Event Wavier and Release

Having fully acquainted myself with the rules and guidelines, I and my parents or legal guardians, have completed this event wavier and release application and submit it for my participation into all TBF events. In signing this application, and by my\our presence at the event, I/We hereby agree to be bound by and comply with all event rules and safety regulations. I/We expressly assume all risks associated with the events and I\We hereby release The Bass Federation, Inc., (TBF), FLW Outdoors, Operation Bass, Inc., their parent, and affiliate companies, their licensees and affiliates, and all their respective officers, directors, agents, employees, and stockholders, the tournament hosts, sponsors and tournament officials from all claims of death, injury and\or property damage incurred in connection with any of their events that I attend. I hereby wave my rights of privacy or publicity with regard to the unconditional right to use my name, voice, photographic likeness, video and biographical information and fishing tips and instructions in connection with any reproduction of same, video\audio productions and\or articles and press releases by TBF, Inc, FLW Outdoors, Operation Bass, their parent or affiliate companies, and those acting under their permission, anywhere at any time, through any medium or media. I/We shall not be entitled to receive any royalties or other compensation in connection with such use. I/We further understand and agree that the officials reserve the right to reject my application for any reason. I am currently a member in good standing of my home state federation, an affiliated TBF member club and TBF.

Junior Angler

Dated _____

Signed _____

Junior Angler

Junior Angler's Parent or Legal Guardian if under 18 years old must sign also.

As the Parent or Legal Guardian of the above named Junior Angler, I fully understand and hereby agree to the Rules, Terms and Conditions, and the Wavier and Release of Liability contained in the attached document. I give my permission for the above named Junior Angler to join in and compete in these events.

Dated _____

Signed _____

Parent or Legal Guardian