

# Catch a Special Thrill (C.A.S.T) for Kids

## Saturday, October 1, 2011

### Castaic Lake

**CHECK-IN: 7:30-8:00AM (*must be on time*)**

(Event: 7:30AM-12:30PM - Event geared for ages 7-16)



Registration deadline is August 22, 2011 or until quota is met

Repeat participants will be placed on a waitlist and only contacted if space is available.

#### Registration Form/Participant's Permission

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#### CHILD'S INFORMATION

Agency or organization referring the Participant: \_\_\_\_\_

Participant Name (child): \_\_\_\_\_

(Please use the name you want used on the child's name tag)

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

Age: \_\_\_\_\_ Gender: M  F  T-Shirt Size (**Circle one**) Youth: M L Regular: S M L 1X 2X 3X

Child's approximate weight (used to determine life vest size)? \_\_\_\_\_ Disability: \_\_\_\_\_

Does the Participant require the use of a wheeled or motorized chair? Yes  No

If there are any issues, food allergies/dietary restrictions, or special needs we need to be aware to adequately plan for your child, please indicate here or on a separate sheet: \_\_\_\_\_

Has the Participant ever fished before? Yes  No  As a Parent/Guardian, do you or other family member's fish? Yes  No

Has this child participated in a CAST for Kids event before? \_\_\_\_\_ Where \_\_\_\_\_

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I understand that *one* parent/guardian may accompany child on boat and that fishing equipment is provided for registered child only. \_\_\_\_\_ Please initial

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#### PARENT/GUARDIAN PERMISSION FOR CHILD'S PARTICIPATION

All guests attending the event with the child are encouraged to participate in the continental breakfast, on-shore activities, barbecue luncheon, and the awards ceremony for the participating child. Meals and all of the on-shore activities will be provided to everyone FREE of charge. To adequately plan, please indicate how many people will attend (please include the child in your count).

Number Attending Event (*for family barbeque*): \_\_\_\_\_ Children \_\_\_\_\_ Adults

Participating Parent/Guardian: \_\_\_\_\_  
Last Name First Name MI

The participating child and parent/guardian agree to abide by the "Castaic Lake 2011" rules and regulations set by the C.A.S.T. Foundation for the health, safety, and welfare of all participants.

X \_\_\_\_\_ ( ) \_\_\_\_\_  
Signature of Parent/Guardian Phone Number

( ) \_\_\_\_\_  
Alternate Phone Number Type Email



**CAST FOR KIDS – WAIVER/PHOTO/VIDEO RELEASE FORM**

**WAIVER, RELEASE AND ASSUMPTION OF RISK AGREEMENT, AUTHORIZATION FOR EMERGENCY TREATMENT OR TRANSPORTATION AND PHOTO RELEASE**

I, the undersigned, (as parent or legal guardian of the child) listed on this registration form, in consideration of the request, give my permission (for my son/daughter) to participate in the CAST For Kids Program. I hereby assume full responsibility for all risk of injury or loss which may result from my son's/daughter's participation in this activity, and hereby agree to hold harmless; release and forever discharge, the CAST FOR KIDS FOUNDATION, STATE DEPARTMENT'S OF WATER RESOURCES, FISH AND GAME, STATE PARKS, AND CAL BOATING IT'S OFFICERS, DIRECTOR'S, AGENTS, AND EMPLOYEES FROM ANY AND ALL CLAIMS AND DEMANDS WHATSOEVER WHICH THE UNDERSIGNED, AND ANY OF THEM OR THEIR BEHALF HAVE, OR MAY HAVE, AGAINST THE DISTRICT, IT'S OFFICERS, DIRECTOR'S, AGENTS, OR EMPLOYEES BY REASON OF ANY ACCIDENT, ILLNESS OR DESTRUCTION OF PROPERTY ARISING OR RESULTING DIRECTLY OR INDIRECTLY FROM MY SON'S/DAUGHTER'S PARTICIPATION IN THE AFOREMENTION AND OCCURRING DURING SAID PARTICIPATION, OR ANYTIME SUBSEQUENT THERETO REGARDLESS OF WHETHER SAID CLAIMS OR DEMANDS ARISE OUT OF NEGLIGENCE ON THE PART OF THE DISTRICT. THE TERMS OF THIS RELEASE SHALL SERVE AS A RELEASE AND ASSUMPTION OF RISK FOR MYSELF, MY SON/DAUGHTER, HEIRS, EXECUTIVES, ADMINISTRATORS, AND FOR ALL OF MY FAMILY MEMBERS.

I understand, agree and acknowledge that some activities may be of hazardous nature and/or include physical and/or strenuous activity. Understanding this, I state to the best of my knowledge that I, (my son/daughter) listed on this form have no medical, physical, mental, or emotional health conditions which would hinder my (his/her) active participation in this Program.

In the case of an emergency in which I am not able to give permission for medical treatment and my designated emergency contact cannot be reached, I authorize the staff or agents of the CAST For Kids Foundation, State Department's of Water Resources, State Parks, Fish and Game and Cal Boating to obtain whatever medical treatment he/she deems necessary for my child's welfare. In the case of my child, this authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency medical treatment, regardless of whether my medical insurance would cover such charges and fees.

Please be aware many people will be taking photographs, videotaping and media coverage may occur at various times throughout the event. The "Castaic Lake 2011" Coordination Committee also needs your support to accomplish the mission of the C.A.S.T. Foundation. **Please check all the appropriate answers and then sign below:**

- Yes, I authorize the C.A.S.T. Foundation to use photographs or video tape from "Castaic Lake 2011" for public education. I understand that last name and any sensitive personal information will not be revealed without parent/guardian consent.  
Parent/Guardian, please initial (            )
- Yes, it is okay to take photos/videos of my child to be used for C.A.S.T. specific purposes such as a slideshow and "Castaic Lake" photo album, but please do not use it for any other printed materials.  
Parent/Guardian, please initial (            )
- No, I will not allow photos or video of my child to be used in anyway.  
Parent/Guardian, please initial (            )

Childs Name: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Parent/Guardian Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**PLEASE RETURN: Registration AND Waiver/Photo Release Form to Sharon Brown, DWR, 770 Fairmont Avenue, Suite 102, Glendale, CA 91203 or Fax: (818) 543-4604 Please contact the registration coordinator if you have not received confirmation 2 weeks after submittal and 2 weeks before event!!!!**

**For more information about CAST, visit www.castforkids.org or contact:  
Registration Coordinator: Sharon Brown (818) 500-1645, ext. 265, Fax: (818) 543-4604, sharonb@water.ca.gov  
Event Coordinator: Lori Bennett (661) 257-4050, lbennett@parks.lacounty.gov**