



## **Thank you for registering**

### Conditions of fishing clinic participation

To participate in a Recfishwest Fishing Clinic, participants are expected to follow our guidelines.

**All participants should wear a hat; not hat – no fish; and suitable SunSmart clothing such as t-shirt and long shorts, preferably not singlets.**

**Photographs may be taken of participants during the clinic** and may be used for promotional purposes directly relating to fishing or the Recfishwest fishing clinics, as well as in promotional material from any of our community partners and groups who deliver our program.

These photographs may appear on the Recfishwest website, newsletters or media accessible by the general public; such as community and promotional flyers, community newsletters and community or group social media pages.

Please ensure you speak to an Instructor **if you do not wish to have photos taken** of you or your child.

**Prawns and fish are regularly used for bait** during fishing clinics. If your child has a pre-existing medical condition or a known allergy to fish or shellfish please indicate with a **YES** or **NO** in the space provided on the registration form. Anyone answering YES will be issued with a **RED wrist band** for the duration of the clinic.

**All Fishing Clinics are SMOKE FREE sessions.** As such, we ask that all participants, volunteers and spectators in close vicinity do not smoke for the duration of the clinic. This includes vaporisers.

**!!Participant numbers are limited!!** Please pre-register and arrive on time for the clinic so you don't miss out on the safety information and a fishing rod!

**By signing the fishing clinic register on the day as a parent or guardian** of any fishing clinic participant, you are acknowledging you have read and understood these conditions.

#### **Clinic 1**

Friday September 29th  
From at 930am to 1130am  
At Garret Road bridge in Bayswater

#### **Clinic 2**

Friday October 6th  
From at 930am to 1130am  
At AQWA jetty, Hillarys Boat Harbour

Please <b>circle</b> which clinic you would like to attend and fill in the details below.				
Clinic 1		OR	Clinic 2	
Child 1 name			Age	
Child 2 name			Age	
Child 3 name			Age	
Suburb				
Parent/Guardian name				
Email				
Phone number				
Special medical or allergy?				