

**CANONSBURG SPORTSMEN'S ASSOC. AND
THE WASHINGTON COUNTY SPORTMEN'S LEAGUE
YOUTH FIELD DAY SAT. AUGUST 4, 2018
THIS EVENT WILL TAKE PLACE-RAIN OR SHINE**

NAME _____ AGE _____
Last First 9-15 ONLY

PARENTS NAME _____

PARENTS' ADDRESS _____
STREET CITY ZIP

PARENTS' TELEPHONE DAYTIME _____ EVENING _____ CELL _____

CHILD'S ADDRESS (IF DIFFERENT FROM ABOVE) _____

CHILD'S ALLERGIES (BEE STINGS ETC.) _____

**USE BACK OF SHEET FOR ANY OTHER INFORMATION THAT WE SHOULD KNOW ABOUT YOUR CHILD.
TELEPHONE NUMBER IN CASE OF EMERGENCY IF PARENT OR GUARDIAN IS NOT
ATTENDING YOUTH FIELD DAY .** _____

SOMEONE MUST BE AT THIS NUMBER.

RELEASE FROM LIABILITY

I/WE _____ DO HEREBY PERMIT MY/OUR CHILD TO
PARENT OR GUARDIAN

PARICIPATE IN VARIOUS ACTIVITIES OFFERED BY THE CANONSBURG SPORTMEN'S ASSOC. AND THE WASHINGTON COUNTY SPORTMEN'S LEAGUE, YOUTH FIELD DAY TO BE HELD Saturday, August 4, 2018. 8 AM to 4PM AT THE CANONSBURG SPORTMEN'S ASSOC. CLUB GROUNDS, 1115 ALLISON HOLLOW ROAD, WASHINGTON, PA.

REGISTRATION WILL BEGIN AT 7:00 AM

I/WE _____ DO HEREBY RELEASE THE CANONSBURG
PARENT OR GUARDIAN

SPORTMEN'S ASSOC. AND THE WASHINGTON COUNTY SPORTMEN'S LEAGUE, THE SPONSORS AND STAFF FROM ANY LIABILITY DUE TO ACCIDENT OR INJURY INCURRED DURING THE DAY'S ACTIVITIES.

SIGNATURE OF PARENT OR GUARDIAN

PARENTS CHECK HERE: _____ I will be a group leader. I will donate ___ money ___ food ___ prize.

MAIL COMPLETED FORMS TO:

Robert Tohey
207 Lindley Road
Canonsburg, PA 15317
Phone 724-554-4134

For additional information:

CONTACT PA. GAME COMMISSION
724-238-9523

**COMPLETED FORM IS YOUR CONFIRMATION OF ATTENDANCE
ATTENDANCE IS LIMITED TO FIRST 100 APPLICANTS**