



Introduction to Fly Tying Workshop Application April 9, 2016



For Office Use Only
Applicant ID# _____

Participant Information

*Please fill out a separate application for each child. ****Note**** They must be between the ages of 10-15 years.*

Name of Applicant: _____

Age: _____ Male Female

Address: _____

City, State, Zip: _____

Telephone _____ Alternative phone # _____

Email address: _____

Please read and complete the following

I hereby request that my child be entered into the contest for attendance to the St. Marks National Wildlife Refuge (SMNWR) Introduction to Fly Tying Workshop. I understand and am aware that if chosen my child may be participating in fly casting activities that will take place outdoors, and that the potential for accidents does occur. In consideration of acceptance to the Workshop the following statements apply:

- I indemnify and hold harmless the St. Marks National Wildlife Refuge; United States Fish and Wildlife Service, and/or its staff/volunteers from any and all liability, claims, damage, injury or illness sustained by my child.
- I grant permission for SMNWR to provide or obtain medical attention for my child in the event of sickness or injury and I understand accident insurance is not included with the workshop. Should a participant require special medical attention, prescriptions, or hospital care during the camp session, parent(s)/guardian(s) shall bear the expenses.
- I understand that the Fly Tying Workshop will be held on Saturday April 9, 2016. I also understand that it is my responsibility to ensure my child be dropped off at 10 am and picked up promptly at 3 pm.
- My child may be participating in the following activities: fly tying, casting, and other outdoor activities.
- *Participants will be chosen based on completion of this application and a brief written essay (up to one page) describing their interest in attending this workshop.*

- No previous fishing experience is required. All equipment needed for this workshop will be provided.
- Participants are required to wear appropriate clothing for being outdoors and closed toe shoes.
- Participants must be between the ages of 10 and 15.

Your signed application signifies understanding and acceptance of these responsibilities. In addition, should a behavior or discipline problem affect our work with other participants or their enjoyment of the workshop, we reserve the right to contact guardians and dismiss those participants responsible.

Application MUST be signed for applicant to be enrolled in the application process.

Parent/Guardian Signature: _____

Date: _____

*Individuals selected for workshop will be notified by phone or email on or before
March 14, 2016.*

If you have any questions throughout the application process please contact St. Marks National Wildlife Refuge at (850) 925-6121 or lori_nicholson@fws.gov

**Applications must be received in office by 5 pm on March 12, 2016
Applications can be delivered by mail, fax or in person to the following:**

Mail to:

St. Marks National Wildlife Refuge
Attn: Lori Nicholson; Jr. Refuge Ranger Camp
P.O. Box 68
St. Marks, FL 32355

Deliver to:

St. Marks National Wildlife Refuge
Visitor Center Attn: Lori
1255 Lighthouse Rd.
St. Marks, FL 32355
Mon-Fri 8 am – 4 pm
Sat. and Sun. 10 am – 5 pm

Fax to: 850-925-6930 Attn: Lori Nicholson

Don't forget to include your essay!