



DNR

Ages 10-16

SC Reel Kids Junior Application



(Circle one)



Waiver

I agree that the State of South Carolina and its agencies, officers, and employees, the South Carolina Department of Natural Resources, and the SC Reel Kids program are not responsible for any personal injury or property damage resulting from participation in the SC Reel Kids program. My signature below certifies that I have read this form carefully and understand the risks associated with the activities of the SC Reel Kids program.

(Please Print)

Parent or Legal Guardian

Name: _____

Signature: _____

Date: _____

(Please Print)

I want to be a South Carolina Reel Kid!

Name: _____

(Circle one)

*Gender: M • F Birthdate: (month/day/year) _____

- *Race:
- | | |
|--|--|
| <input type="checkbox"/> American Indian and Alaska Native | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian and other Pacific Islander |
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian and Alaska Native and White |
| <input type="checkbox"/> Asian and White | <input type="checkbox"/> Black or African American and White |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other _____ |

Parent/Guardian Name: _____

Street Address: _____

City, State, Zip: _____

Telephone: _____

E-mail: _____

School: _____

- Yes No I have been fishing before.
- Yes No I go fishing with my family.
- # _____ I have been fishing this many times in the past 12 months.
- Yes No My dad goes fishing.
- Yes No My mom goes fishing.
- Yes No I have completed a boating safety course.

- How did you hear about the SC Reel Kid program?
- a Newspaper; if so, which one _____
- a Magazine; if so, which one _____
- www.dnr.sc.gov/aquaticed
- a DNR Employee
- an Event; if so, which one _____
- Other _____

*Optional