

## **South Carolina Department of Natural Resources**

## Youth Bass Tournament Team Registration Form

(Registration open from December 8, 2025 8:00 AM until February 13, 2026 5:00 PM)

## **REGISTRATION INSTRUCTIONS:**

- 1. Complete the following forms: 1)\*Registration Form (one per school)
  - 2) SCDNR Liability Waiver (one per student, including substitutions)
  - 3) Proof of Boat Captain's liability insurance with coverage of \$300,000
- 2. Mail all forms to Mary Rhett Davidson, SCDNR 260 D Epting Ln, West Columbia, SC 29172. Must be postmarked by February 13, 2026.
- 3. Registration Packets can also be sent via email as an attachment to <u>DavidsonMR@dnr.sc.gov</u>

4. SCHOOL INFO (Check appropri	ORMATION iate box)	olor 🔲 H	ligh School						
School Name									
School Address _									
City		S	state	Zip Code _					
School District			Principal Name						
Superintendent Name			Athletic Director Name						
Coach Name			E-mail Addr	ess					
Mailing Address									
City		State			Zip				
Coach Name			E-mail Address						
Mailing Address									
City State					Zip				

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Student Name									
Student Address									
City			State				Zip		
Student Phone No.			E-mail Add	dress			Date of I	Birth	
Student Name									
Student Address									
City			State			Zip			
Student Phone No.			E-mail Address			Date of Birth			
	boat captain's liabili	Cell Pho tv insur		auiro.	a	No.			
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• A copy of the boat captain's liability insurance is required.

Team 1 Boat

Captain Name

• All Participants and boat drivers must wear a U.S. Coast Guard Personal Floatation Device (PFD) the entirety of the tournament while on the water.

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Boat Captain

Cell Phone No.

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Boat Registration

No.

Substitute Anglers: Only anglers added as substitute anglers during registration will be allowed to take the place of existing anglers in the instance that these anglers can no longer compete. All substitutions including boats and captains must be finalized at the conclusion of the boater safety check on March 6, 2026.

Student Name										
Student Address										
City			State					Zip		
Student Phone No.			E-mail /	Address				Date	of Birth	
Student Name										
Student Address										
City			State					Zip		
Student Phone No.			E-mail /	Address				Date	of Birth	
Which of the following affiliations are you apart of ? Check all that apply.										
B.A.S.S. Junior	rs B.A.S.S. High	School	TBF	Juniors	of SC	TBF S	Student Angle	er Fede	eration	
Team 1 Boat Captain Name		Boat Ca Cell Ph			Boat Regist No.			tration		
entirety of the tournament while on the water.  Substitute Anglers: Only anglers added as substitute anglers during registration will be allowed to take the place of existing anglers in the instance that these anglers can no longer compete. All substitutions including boats and captains must be finalized at the conclusion of the boater safety check on March 1, 2024.										
Student Name										
Student Address										
City			State				Zip			
Student Phone No.				E-mail Address				Date of Birth		
Student Name										
Student Address										
City			State					Zip		
Student Phone No.			E-mail Address				Date of Birth			
Which of the following affiliations are you apart of ? Check all that apply.  B.A.S.S. Juniors B.A.S.S. High School TBF Juniors of SC TBF Student Angler Federation										
Team 1 Boat Captain Name		Boat Ca Cell Ph	aptain one No.				Boat Regist No.	ration		

A copy of the boat captain's liability insurance is required.

• All Participants and boat drivers must wear a U.S. Coast Guard Personal Floatation Device (PFD) the entirety of the tournament while on the water.

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