

**Kid's Saltwater Fishing Workshop
AGES 8-17**

Pick your choice date of workshop _____

Time of Workshop 9:00 am -12:00 pm

Meet at the Picnic Pavilion

Complete one registration form per participant

**Workshop Fee is \$20.00 per participant. Make the check payable to
Friends of Washington Oaks Gardens State Park**

Kid's Name: _____ Birth Date: _____

Parent's Name: _____

Address: _____

City: _____ St.: _____ Zip Code: _____

Home Phone # _____ Cell Phone #: _____

How did you hear about the workshop? _____

During the Fishing Workshop Park staff will be taking photos. These photos may be used to promote future park events by being displayed on Display Boards, Brochures or on the park website. Please sign below if you give the park permission to use photographs of your child participating in park events. **Bottled water and snacks will be provided. You may furnish a bagged lunch if you like.**

Parent Signature: _____ Approved Not Approved (circle one)

Date Paid: _____ Cash/Check#/Money Order _____

Please list any special needs _____

RETURN THIS FORM WITH PAYMENT TO:
Friends of Washington Oaks Gardens State Park
6400 N. Oceanshore Blvd.
Palm Coast, FL 32137
(386) 446-6783

E-mail: melissa.kafel@dep.state.fl.us

**Reservations are on a first come first serve basis.
Workshop reservations are confirmed upon payment.**

NO REFUNDS

PARENTS PLEASE COMPLETE THE HEALTH FORM ATTACHED

Pick Up Form/Health Information

Your child will be participating in the Kid's Saltwater Fishing Workshop at Washington Oaks Gardens State Park. Please complete the information below and return with the registration. Also, it is important that we have a list of persons that are allowed to pick up your child from the park, along with their telephone number(s). Please inform the person picking up your child that they must present photo identification at time of pick up.

HEALTH INFORMATION

Child's Name: _____ Date of birth: _____ Age: _____

Allergic reactions: _____

Bee Stings: _____ Penicillin: _____ Fire Ants: _____

Wasps: _____ Poison ivy: _____ Sumac: _____

Other: _____

Details of above or additional information: _____

Does the child have any visual, hearing or learning difficulties? _____

Frequent colds: _____ Asthma: _____ Sinusitis: _____

Heart trouble: _____ Bronchitis: _____ Stomach upsets: _____

Fainting: _____ Diabetes: _____ Epilepsy: _____

Ear infections: _____

PICK UP APPROVAL

The following person(s) have my permission to pick up my child _____
from Washington Oaks Gardens State Park:

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

Parent/Guardian Signature: _____ Date: _____