## Manasquan River Marlin & Tuna Club (MRMTC)

## Junior Mate Program Blanket Permission Form

My child has my express permission to attend trips, lessons, activities, fishing trips including charters, and any other Junior Mate Program functions, which may be scheduled, either on or off MRMTC Member boats and/or facilities including rented docks or other facilities. They may walk, ride a bike, or be transported by car, truck, bus, taxi, or boat.

Junior Mate's Name:			
X	L.S		
(Parent or Guardian signature)		(Date signed)	
EMERGENCY TREATMENT PERMIS	SSION		
In the event the above named Junior Madmission of minor first aid procedures by MR give my permission for MRMTC Members to emedical care or to arrange transport for the Jurreached in an EMERGENCY, I hereby give my for, and if required: to hospitalize, order injection	RMTC Ment exercise the chair Mate to permission	nbers or employees of MRMTO eir own judgment in calling for o the emergency room. Furthe n to any physician to secure p	C Members. I also r professional er, if I cannot be roper treatment
x	LS		
X_ (Parent or Guardian signature)		(Date signed)	
I am familiar with the activities my chi Junior Mate Program. As the parent or legal gufull consent and approval for my child to particertain risks of injury inherent in these activities incidental to my child's participation and I am hereby certify that my child is healthy and has restrict full participation in these activities, exc In addition to giving my full consent for my chharmless the MRMTC, its Trustees, Members, trainers, coaches, and any affiliated organization all claims for damages caused by property damarising from my child's participation in the MR negligence or any other cause. I also assume all owned by the MRMTC, its Members, or organion stolen by my child. Normal wear and tear shape of the second secon	pardian of the cipate in the cipate in the cipate in the cipate in the cipate as listed as liste	the Junior Mate named above, nese activities. I also understarts in traveling and other relate assume these risks on behalf cal or mental disabilities or infined below. Cipation, I do hereby waive, remployees, parent leaders, progre representatives of any of the y, or death to my child or any for Mate Program, whether the eplacement or repair for any by whed by Members, which becomes	I hereby give my and that there are ad activities of my child. I rmities that would elease, and hold gram directors, em, from any and other person, e result of poats or equipment omes damaged, lost
X(Parent or Guardian signature)	L.S	(Date signed)	

Parent's or Guardian's Contact Number