

Learn to Fish Program Application

Name: _____

Address: _____ City: _____ State: _____

Phone: _____ Email: _____

Date of Birth _____ Gender _____ T-shirt Size: _____

School: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

As part of the Friends of Virgin Islands National Park's Learn to Fish Program, you will be learning the basics of sustainable fishing practices and the importance of protecting marine resources. Please have your parent or legal guardian show their support for your participation in the Learn to Fish program by signing their name below.

Parent/Legal Guardian:

I give full support for my minor _____ to apply for and participate in the Friends of VINP's Learn to Fish Program. I hereby give permission for Friends of VINP to use my minor's name, words, and/or likeness for non-commercial promotional purposes, including but not limited to newsletters, brochures, social media, and website. I realize that completing this application does not guarantee my minor's acceptance into the Friends of VINP's Learn to Fish Program. I certify that my minor has the basic swimming ability needed to participate in the program safely.

Parent/Guardian Signature

Printed Name

Date

Learn to Fish Program Application Questions

1. Tell us about yourself: Please describe your interests and your goals.

2. Participating in the Learn to Fish program involves fishing from a boat and from the shore. Participants should be comfortable being in and around the water. Do you enjoy water activities such as boating and swimming? How would you rate your swimming ability on scale from 1 to 10 (1=Cannot Swim 10=Excellent Swimmer).

3. Why do you want to participate in the Friends of VINP's Learn to Fish Program? How might it help you in the future?

4. Are you enrolled in any other summer camps?

5. Please indicate which week you prefer to participate in. If you have no preference, circle all three.

Week 1: June 22 to June 26

Week 2: July 6 to July 10

Week 3: July 20 to July 24