Angler Information & Medical Release

Owasso Fishing Team · One per angler per season · Parent/guardian signature required

Angler

Student name	
Grade / School	
Date of birth	
Division	[ ] High School (9–12) [ ] Junior (6–8) [ ] Kayak
Partner (if known)	
Boat captain (if known)	
Shirt size	

Parent / Guardian

Name	
Phone	
Email	
Address	
Second contact name / phone	

Medical

Allergies	
Medications	
Medical conditions	
Physician / phone	
Insurance provider / policy #	
Can the student swim?	[ ] Yes [ ] No

Consent

I give permission for my child to participate in Owasso Fishing Team practices, meetings, and Oklahoma High School Fishing (OKHSF) tournaments, including travel by boat with an adult boat captain. In the event of an emergency, I authorize team coaches or the boat captain to seek medical treatment for my child. I understand tournament fishing carries inherent

risks and that all OKHSF safety rules, including life jacket requirements, apply at all times.

Parent/guardian signature	
Date	
Student signature	