

# BERNARDSVILLE RECREATION FISHING DERBY

Join Bernardsville Recreation for our Fishing Derby on Saturday, September 30th. The Michael Nervine Pond will be stocked with 10 to 12 inch rainbow trout. There will be trophies awarded by age groups for the “largest fish caught” and the “most fish caught”. Participants are to provide their own equipment (pole, lures, worms, etc.). Rain or Shine!

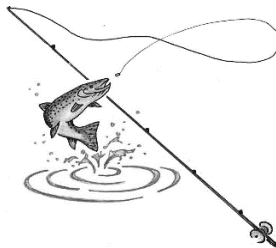
**Who:** boys and girls ages 5- 18 (must be accompanied by an adult)

**When:** Saturday, September 30<sup>th</sup>

**Time:** Fishing will begin 9:00am sharp and will end at 11:30am with awards following

**Place:** The Michael Nervine Pond, in between Borough Hall and the Firehouse

**Fee:** Free (*Bernardsville Residents Only*)



**\*MUST REGISTER ONLINE AT <https://register.communitypass.net/Bernardsville> \***

**OR FILL OUT FORM BELOW AND MAIL TO:**

**166 MINE BROOK ROAD, BERNARDSVILLE, NJ 07924**

**All Fields Are Mandatory**

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Town:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Permission to participate in a Recreation Activity and Release of Liability:** I authorize my child, named above, to participate in the described activity conducted or sponsored by the Bernardsville Recreation Department. I understand that this activity involves a risk of injury to my child and I hereby assume the risk of injury, disability or damage which may occur while he/she is participating in this activity. To the extent permitted by law, I release and discharge the Borough of Bernardsville and its officials, officers, employees and agents from any liability claims or damages arising out of my child's participation in this recreation activity. I give permission to the borough to obtain emergency medical treatment for my child and I understand that I will be responsible for all costs of such treatment. Finally, I release the Borough from any claim whatsoever on account of first aid or other medical treatment rendered to my child. Following is our child's medical insurance information:

**Company:** \_\_\_\_\_ **ID:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_