

Coach / Volunteer Sign Up

Coach Name			
Address			
Cell #	Mobile Carrier Company		
Email Address:			
Boat Brand:	Boat Model:	Boat Length	
Motor Brand:	Mo	tor Size:(HP	
Insurance Carrier:	Insurance Policy #:		
Emergency Contact:		Relationship	
Emergency Contact Phone:_			
Teaching ClassroomAdvanced Bass Coaching Local Fishing Coach	Level of Volunteer (Please check all that apply) Assistant Coaching Sub Captain / Coach Put me on email list	Administrative Help Media/Advertising Other (Please Describe)	
to which myself or member of my fami in the above mentioned activity must s and comply with all tournament rules series and local club activities. I hereb subsidiary companies, the hosts, spon property damage incurred by me in co-	STATEMENT OF RELEASE Ceam, their employees and leaders, of all ly might incur while participating in the supply their own medical insurance. I fu and regulations, and expressly assume y release Byron Bear Fishing Team, TBF isors, volunteers and tournament official nnection with my participation in this cl captured during events to be utilized for	above mentioned activity. Participants arthermore hereby agree to be bound all risks associated with the tournament (/SAF their parents, affiliations and ls from all claims of death, injury and/or tub. I hereby allow Byron Bear Fishing	
Volunteer Signature:		Date:	
For more information email/ca	ll/text:		
Byron Bear Team Coach: Any o	questions, please contact www.b	yronbearfishingteam. com	

WWW.ByronBearFishingTeam.Com