

**CHICHESTER & DISTRICT ANGLING SOCIETY ('CDAS')
CONSENT FORM - MEMBERS UNDER THE AGE OF 16**

Name of Junior..... Date of Birth.....

Address of Parent / Guardian.....

Address of Parent / Guardian.....

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Contact telephone number of Parent / Guardian.....

Alternative telephone number of Parent / Guardian.....

I consent to my child becoming a member of CDAS. I understand that CDAS is a voluntary organisation run for the benefit of its members and I agree that it is not reasonable to expect CDAS to be responsible for my child. I understand that there are hazards associated with the sport of angling and agree that I remain responsible for my child at all times whilst he or she is on CDAS property or engaged in CDAS activities.

I understand and agree that CDAS cannot and does not provide supervision and that my child will be on CDAS property and engaged in the activities of CDAS at its own risk.

I understand and agree that my child must comply with all reasonable rules and regulations of CDAS.

I understand and agree that neither CDAS nor its officers or committee members shall not be liable for any personal injuries suffered to members, guest or others on CDAS property and shall not be liable for loss or damage to any property or equipment.

Under 12's - Fishing is for Free of Charge is with one rod only in the same swim as the parent or guardian.

12 – Under 14's Delete as appropriate.

If my child is night fishing I am aware that I must accompany them at this time.

(i) I give my permission for my child to fish unaccompanied during the daylight hours.

Or

(ii) I will accompany my child during the day.

14 – Under 16's Delete as appropriate.

(14 – Under 16's can fish unaccompanied day and night with their parent's / guardian's permission)

(i) I give permission for my child to fish unaccompanied during the daylight hours.

(ii) I will accompany my child during the day.

(iii) I give permission for my child to fish unaccompanied during the night.

(iv) I will accompany my child during the night.

Signed: Print Name: Date: