

SALEM WILLOWS Youth Fishing Clinic

Sponsored by

Marine Fisheries
Commonwealth of Massachusetts









Let's Go Fishing!

Saturday, June 2, 2018
11:00am – 2:00pm
Rain date: Sunday, June 3, 2018

Join us for a fun day of fishing at Salem Willows! *Marine Fisheries* biologists and the City of Salem Park, Recreation and Community Services will be on hand to teach basic saltwater angling skills. This is a **FREE** event! Fishing equipment and bait will be provided for fishing from the Salem Willows Pier. Salem Willows is located at 167 Fort Avenue, in Salem, MA. Metered parking, restrooms, and concessions are available on site. **Date subject to change based on condition of the Salem Willows Fish Pier.**

Fishing Clinic Activities

-  Learn how to cast with spinning reels
-  Test your knot tying skills
-  Fun and educational handouts

-  Gyo-taku fish prints with paint
-  Learn how to measure fish
-  Catch and release fishing!!

**Space is limited for this event, so be sure to reserve your spot early by sending in the required forms (see below).
Registration and Media Release forms must be filled out prior to participation in the Youth Fishing Clinic.**

Youth Fishing Clinic Registration Form

Salem Willows: June 2, 2018

Registered youth's name: _____

Registered youth's age: _____

How many family members will be joining the participating youth? _____

By signing below, I understand that:

- ✓ The youth I am registering is between the ages of 7 and 15 years.
- ✓ I **MUST** stay with my registered youth, even when visiting concessions or restrooms.
- ✓ Only the youth I am registering may fish, however everyone is welcome to participate in other clinic activities.
- ✓ I am responsible for providing weather-appropriate items, including attire, sunscreen, sunglasses, etc. for myself and my family.
- ✓ I release Massachusetts Division of Marine Fisheries and co-sponsors from liability and understand I am responsible for my and my angler's wellbeing.

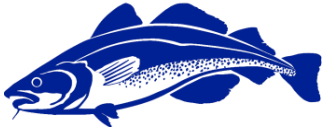
Parent/Guardian name: _____

Parent/Guardian signature: _____ Date: _____

Parent/Guardian phone number (day of the event): _____

Parent/Guardian email: _____

To submit forms, or if you have any questions, please contact Kimberly Trull, *Marine Fisheries* Angler Education Program Coordinator, at (978) 282-0308 ext. 130; or via email at kimberly.trull@state.ma.us. Forms can also be mailed to Massachusetts Division of Marine Fisheries, 30 Emerson Ave., Gloucester, MA 01930. Once all forms are received, your reservation will be confirmed via email.



Division of Marine Fisheries

251 Causeway Street, Suite 400
Boston, Massachusetts 02114

Media Release



The Massachusetts Division of Marine Fisheries often documents research and public outreach events to convey the importance of what we do and share it with the public. We respectfully use photo, video, and audio documentation to engage the public and promote more public involvement in our Division's mission and outreach events.

By signing below, I hereby:

1. Grant to the Division of Marine Fisheries (*MarineFisheries*), the right and permission to use, reuse, and/or broadcast, publish, and distribute in any form whatsoever, including print, photograph, or by electronic means such as the World Wide Web, the media (images, video, and/or audio) that is the subject of this release.
2. Waive any right to inspect or approve of the original or any copies of the media that is subject to this agreement.

I hereby certify that I am over eighteen years of age, and competent to contract in my own name.

I understand that I will not be compensated in any way for the use by *MarineFisheries* of any media subject to this agreement.

Any use by *MarineFisheries* of an image(s), video(s), or audio clip(s) that is subject to this agreement shall not constitute an unreasonable, substantial, or serious interference with my privacy.

I have read and understood the foregoing.

Signed: _____ Dated: _____

Name: _____ Address: _____

City/State/Zip: _____

Minor Release:

I hereby certify that I am the parent and/or guardian of _____, who is under the age of eighteen years. By signing above, I hereby consent to the terms of the foregoing agreement in connection with the Commonwealth's use of the image(s) that is subject to this agreement.