

**FREE  
FAMILY EVENT**



**FREE  
HOTDOGS AND  
SOFT DRINKS**

**46TH ANNUAL  
TAKE A KID  
FISHING  
FEBRUARY 9, 2026  
LA PAZ COUNTY PARK**

**Fishing 10:00 am**

**MUSIC BY:  
DJ FABE**

**TRY POWER BAIT!  
FISH LOVE IT!**

**ELEMENTARY SCHOOLS:**  
BOUSE  
CRIT HEADSTART  
CHEMEEHUEVI VALLEY  
EHRENBERG  
EARLY LEARNING ACADEMY  
MONUMENT PEAK  
QUARTZSITE  
SALOME  
WENDEN

Prizes & Drawings  
immediately after fishing  
has commenced.

**PRIZES!**

FOR MORE INFORMATION CONTACT  
HEATHER WILSON AT 928-916-7939  
[takeakidfishing@yahoo.com](mailto:takeakidfishing@yahoo.com)  
ADD OUR FACEBOOK PAGE:TakeAKidFishingParkerAZ

# School Field Trip Permission Slip

I \_\_\_\_\_, the parent of \_\_\_\_\_ ("my child"), give permission for my child to attend the **46th Annual Take A Kid Fishing on February 09, 2026**. I understand that personal injury can and may occur to my child, and I hereby authorize **Salome Consolidated Elementary School**, or another appointed youth advisor, to seek and consent to emergency medical attention for my child as needed; and I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

I give permission for my child to ride in any vehicle designated by **Salome Consolidated Elementary School**, its employees and adult volunteers, while participating in and traveling to and from this event.

I agree to accept full responsibility, financially or otherwise, for any damage my child may do to the property of **Salome Consolidated Elementary School**, properties visited on outing, other's personal property, or vehicles used for transportation.

I agree and consent to all of the above stated.

\_\_\_\_\_  
(Parent Full Name) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Emergency Contact Name) \_\_\_\_\_ Phone Number for the Day of the Trip)



**Grades:** 3rd through 8th

*Please be sure to fill out the [registration card form](#) along with this permission slip.*

**Name of Event/Description:** 46th Annual Take A Kid Fishing

**Date:** February 9, 2026

**Fishing Will Take Place from** 10:00AM-1:00PM

**Location:** La Paz County Park

Parents are welcomed to join as long as they provide their own transportation.

*The Take A Kid Fishing Committee will provide fishing poles, hotdogs and soft drinks for the kids.*

**Questions or concern please call the school (928) 859-3339 or Heather Wilson at 928-916-7939**

**TAKE A KID FISHING REGISTRATION CARD PLEASE FILL OUT AND BRING IT TO THE EVENT**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GIRL \_\_\_\_ BOY \_\_\_\_

**CIRCLE YOUR TOWN**

Big River	Bouse	Ehrenberg	Havasu	Needles	Parker	Quartzsite	Salome	Wenden
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**WHO DID YOU COME WITH TODAY - CIRCLE ANSWERS**

MOM	DAD	GRANDMA	GRANDPA	AUNT	UNCLE	SISTER	BROTHER	FRIEND	SCHOOL TRIP
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ARE YOU BORROWING A ROD AND REEL? YES OR NO

IS THIS YOUR FIRST TIME AT TAKE A KID FISHING? YES OR NO

DID YOU GO FISHING LAST YEAR OTHER THAN TAKE A KID FISHING? YES OR NO

HAVE YOU EVER ATTENDED A TAKE A KID FISHING CLINIC ? YES OR NO

**Participant Agreement, Release and Assumption of Risk**

In consideration of the services of **Take a Kid Fishing** an event of the Take a Kid Fishing Community Program, their agents, owners, officers, volunteers, Board of Directors, staff, sponsors, participants, and all other persons or entities acting in any capacity of their behalf as follows:

I am of 18 years of age or over and parent/guardian of participant aged 2-17 and hereby agree to the following:

1. I acknowledge that my participation in the **Take a Kid Fishing Event** entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. The risks include, among other things: prolonged exposure to cold water, hypothermia; accidental drowning; exposure to sun, strong wind, cold, storms, large waves, currents, and lightening; bodily injuries or death; the rapidly changing adverse weather and water conditions and exposure to the COVID-19 virus. I understand and I am aware that strength, and flexibility, including the use of equipment is a potentially hazardous activity. I hereby agree to expressly assume and accept any and all risks of injury or death. Furthermore, I acknowledge that the **Take a Kid Fishing** organizers, partners, staff, Board of Directors, sponsors and volunteers have difficult jobs to perform and hold them harmless of any and all liability for loss of any kind sustained by myself whether by injury to my property or person, in any manner arising out of my participation.
2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity either as a participant, volunteer or spectator.
4. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, and I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
5. By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation, volunteerism or as a spectator in this activity, I waive my right to maintain a lawsuit against the **Take a Kid Fishing Community Program** on the basis of any claim from which I have released herein. I further agree to release the stated entities from any and all loss of any kind sustained and this release shall specifically include any and all event sponsors, Arizona State Parks, La Paz County as well as the **Take a Kid Fishing** staff, Board of Directors, and volunteers.
6. I have had sufficient opportunity to read this document. I have read and understood it, and I agree to be bound by its terms.
7. Date: \_\_\_\_\_ Print Name: \_\_\_\_\_
8. Signature of Participant: \_\_\_\_\_ D.O.B. \_\_\_\_\_
9. Address: \_\_\_\_\_
10. Phone #'s: Cell: \_\_\_\_\_
11. PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 2-17) In consideration of (print minor's name) ("Minor") being permitted to participate in this event.
12. Parent or Guardian's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Circle One
American Indian
Asian
Black
Hispanic
White
Other