



**12th Annual  
Saltwater Trout Tournament  
Saturday, April 23, 2016  
Sea Hag Marina, Steinhatchee, FL  
Safelight to 3:00 p.m.**

**Benefiting**



**Children's  
Miracle Network  
Hospitals**

**Participant Registration**

Captain _____			Partner _____		
Address _____			Address _____		
City _____	State _____	Zip _____	City _____	State _____	Zip _____
Phone (____) _____			Phone (____) _____		
E-mail _____			E-mail _____		
T-Shirt Size	<input type="checkbox"/> Small <input type="checkbox"/> XL	<input type="checkbox"/> Medium <input type="checkbox"/> 2XL	T-Shirt Size	<input type="checkbox"/> Small <input type="checkbox"/> XL	<input type="checkbox"/> Medium <input type="checkbox"/> 2XL

**Youth Information**

Youth Angler 1 _____			Youth Angler 2 _____		
T-Shirt Size	<input type="checkbox"/> Youth Small <input type="checkbox"/> Youth Medium <input type="checkbox"/> Youth Large	<input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large	T-Shirt Size	<input type="checkbox"/> Youth Small <input type="checkbox"/> Youth Medium <input type="checkbox"/> Youth Large	<input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large

**Make Checks Payable to: Children's Miracle Network**    How did you hear about us? \_\_\_\_\_

**RELEASE OF LIABILITY**

IN CONSIDERATION OF SHANDS TEACHING HOSPITAL AND CLINICS, INC. ALLOWING ME TO PARTICIPATE IN THE FISHING FOR KIDS EVENT, I HEREBY COMPLETELY RELEASE SHANDS TEACHING HOSPITAL AND CLINICS, INC., IT'S SUBSIDIARIES, SUCCESSORS, AND AFFILIATES FROM ANY AND ALL LIABILITY, CLAIMS, ACTIONS, AND CAUSE OF ACTIONS, DEMANDS, COSTS, EXPENSES, AND COMPENSATIONS WHATSOEVER IN THE EVENT THAT I SHOULD BECOME INJURED IN ANY MANNER WHILE PARTICIPATING IN THE TROUT TOURNAMENT HELD ON APRIL 23, 2016. FURTHERMORE, I AGREE TO PROTECT, DEFEND, HOLD HARMLESS AND INDEMNIFY SHANDS TEACHING HOSPITAL AND CLINICS, INC. FROM AND AGAINST ANY AND ALL CLAIMS, ACTIONS, LIABILITIES, LOSSES, COSTS AND EXPENSES ASSOCIATED WITH INJURIES, DEATHS AND DAMAGES TO PARTICIPANTS OR THIRD PARTIES IN THE EVENT SUCH INJURY OR DAMAGE IS CAUSED BY MY NEGLIGENCE OR INTENTIONAL ACTS.

Captain's Signature _____	Date _____
Partner's Signature _____	Date _____
Youth Angler 1 Parent/Legal Guardian's Signature _____	Date _____
Youth Angler 2 Parent/Legal Guardian's Signature _____	Date _____

**Please return this portion with your entry fee to:  
Children's Miracle Network • P.O. Box 100386 • Gainesville, FL 32610-0386  
Registration should be postmarked by April 8.**

# RULES AND REGULATIONS

1. Mandatory Captains meeting starting at 6:15 a.m. day of tournament.
2. Registration can be done the morning of the tournament with a mandatory boat check-in starting at 4:30 a.m.- boat numbers will be issued at that time.
3. All boats must have the required Coast Guard Equipment.
4. One man legal limit speckled trout per boat with a 15" minimum length; one can be more than 20". Any illegal speckled trout brought in for weigh in will result in disqualification.
  - A. Any fish exhibiting signs of alteration or unusual stress ie: " Trap Rash", will be subject to disqualification of the entry as determined by F.W.C. and Fishing for Kids Tournament officials.
5. No more than two people per boat with an additional youth angler per person. Youth angler must be age 15 or younger.
6. YOUTH ANGLERS:
  - A. Kids Fish is separate from boat limit.
  - B. Kids weigh in one trout. Fish must be tagged with tag provided in the captain's bag and labeled with the child's name.
  - C. Kids must be registered with signed waiver prior to captains' meeting.
7. In case of a tie, the team with the largest trout will determine the winner.
  - A. Bag Limit Tie:
    1. Big Fish weight
    2. Check-in time
  - B. Big Fish Tie:
    1. Length
    2. Check-in time
8. No fishing within 50 yards of another boat.
9. No alcoholic beverages or illegal drugs will be allowed during tournament.
10. Tournament hours: Safelight to 3:00 p.m.
11. LATE PENALTY: Teams will be checked in at a designated place (to be announced before take off) and any team late for check-in by their prescribed time will lose ONE (1) pound per minute off of its total bag weight, ONE (1) pound per minute off of its Big Red Fish, ONE (1) pound per minute off of its Big Trout, ONE (1) spot per minute off of its Most Spots Red Fish, and after 15 minutes will be automatically disqualified.
12. BREAK DOWN: If you break down and cannot contact another tournament boat and cannot make your check-in time, you will be disqualified. If you contact another tournament boat, one partner can transport the team's fish to weigh in.
13. SPORTSMANSHIP: COURTESY, SAFETY AND CONSERVATION, expected from each participant. This includes cooperation with all state, county and local laws and officials, if approached, while fishing. Fish caught by LEGAL methods only.
14. PROTESTS: All protests shall be brought to the attention of the tournament director. All protests must be present before the awards presentation. The decision of the tournament director and his or her staff is final. All teams, by participation in this tournament and signing of the entry form are subject to a polygraph test. Any team that fails the polygraph will be disqualified immediately.
15. Live bait allowed.
16. Boat check MUST be done with landing officials BEFORE safe light departure. Departure to be from designated area only. Safe light to be determined by the boats captain at conclusion of MANDATORY captains meeting.
17. All fish to be weighed in at designated dock area at Sea Hag Marina. Must be delivered by boat to tournament officials.
18. All fish that have been weighed in will be held by officials for use in the fish fry.
19. A presentation with trophy checks will be presented to recognize all winners after the weigh in. Cash prizes will be mailed within two weeks after the tournament. Winners are responsible for paying all applicable local, county, state and federal taxes.
20. Registration is limited to the first 100 boats.

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL FREE 1-800-435-7352 WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE. IF YOU PREFER NOT TO BE CONTACTED FOR FUTURE FUNDRAISING ACTIVITIES, PLEASE NOTIFY US BY CALLING 1-866-682-2372 OR VISITING <http://giving.UFHealth.org/opt-out>.