The Fishing Academy

2027 Summer Program Registration

Please note: 2027 registration fee is $900.00 per child. Register early as Best Weeks

Book Up Fast! **Please fill out form completely and check to make sure email is correctly spelled!**

Send to: The Fishing Academy, 36 Winship St. Apt #2, Brighton, Ma 02135

Call Robin at 617-939-8188 for info or John through (What's App) at 617-782-2614 for questions

All Summer Programs are 9:00am-3:15 pm Mon-Friday Subject to Change **Circle Your Week!!!**

Week One June 14th-June 18th
Week Two June 21st- June 25th
Week Three July 5th-July 9th
Week Four July 12th–July 16th
Week Five July 26th - July 30th

Drop-off and Pick-up location only! District 14, City of Boston Police Department at
301 Washington Street, Brighton, MA 02135.

Children must be checked in and out by The Fishing Academy staff only, please do not leave unattended!

Due to the popularity of The Fishing Academy Program, all participants will be limited to one week of programming. **PLEASE FILL OUT ENTIRE FORM INCLUDING ZIP CODE and CIRCLE WEEK**

Child's Name: _____
Full Address with town & Zip Code _____
Age: _____
Phone #: _____
Email: _____

I, (parent or Legal Guardian) _____,
give permission for (Child's Name) _____,
to attend The Fishing Academy Summer program from 9:00AM to 3:15 PM Subject to changes_____.

I also give permission for my child to participate in the following activities with The Fishing Academy: Daily Trips to local Fishing spots such as Bateman's Pond, Lake Cochtituate, Houghton's Pond, Boston Harbor Shipyard Marina, George's Island, Cape Cod, and the Federal Fish Hatchery North Attleboro Ma

_____(Initial) Parental Approval

I understand that my son/daughter will be obliged to abide by The Fishing Academy rules and Covid-19 rules while participating in the program. In the event of serious illness or injury to my child/ward, I expressly consent to the administration of emergency medical care, if in the opinion of attending medical personnel, such action is advisable. I will send my child to camp with a facemask. If needed, I hereby authorize dispensation of medication by trained, non-nursing personnel in an emergency and or/life threatening situation or as prescribed by my child's primary provider.

_____(Initial) My Child Does require medication during this authorized trip.
_____(Initial) My Child Does Not require medication during this authorized trip.
_____(Initial) I have read this permission slip and understand its terms. I sign it voluntarily and with full knowledge of its significance.

Parent/Guardian Signature _____
Child's Health Plan/Primary Care #_____
Emergency Contact Name and Phone Number_____

NOTE NEW MAILING ADDRESS Please send this registration form and fee to: The Fishing Academy
36 Winship Street Apt #2, Brighton, MA 02135 (617) 939-8188
NO EMAILED APPLICATIONS WILL BE ACCEPTED

Email: info@TheFishingAcademy.org
www.thefishingacademy.org