



Ladies Adventure Day

June 3, 2023

REGISTRATION FORM



Adventurer's Information

Adventurer's Name:

Age:

Address:

City/State/Zip:

Phone #:

OCSC Member

☐ Yes ☐ No

Emergency Contact Information

Name:

Relationship:

Phone #:

Health Information

Known allergies?

☐ Yes
☐ No

If yes, what are they allergic to?

Food:

Medication:

Authorization

I, _____, hold harmless all members, elected officers, directors, employees, volunteers and instructors of Oakland County Sportsmen's Club (OCSC) in the event of any accident resulting in bodily injury or property damage from participation in the Ladies Adventure Day Event. I hereby consent to participate in the full OCSC Ladies Adventure Day program and all activities unless I advise OCSC in writing otherwise. To the best of my knowledge, I am in good health. In case of an emergency, every effort will be made to contact the Emergency contact provided. If the emergency designate cannot be reached and I require emergency treatment, because of illness or accident, I hereby authorize OCSC to contact emergency services.

I understand that OCSC reserves the right to dismiss a participant who, in the opinion of OCSC, is a hazard to the safety or rights of others or themselves, or who appears to have rejected the reasonable expectations of the curriculum.

I give permission for any photograph, video tape or any form of audio visual record of my participation with the OCSC Ladies Adventure Day to be used by OCSC.

Registration must be paid in full (\$40.00) at time of turning in the registration form. Refund of registration fee will not be granted after May 20, 2023.

Register now at: OCSC/LAD 4770 Waterford Rd, Clarkston, MI 48346 ph: 248-623-0444

Email: OCSCclub@sbcglobal.net

OCSC reserves the right to change or postpone activities without notice.

***Dress appropriately - Some events will be outside! *Closed end shoes required for all Participants**

Optional: Fishing event requires a Fishing License. To obtain license go to the DNR website for a Daily License. Michigan.gov/dnr***

Special Group Requests

Leader:

Friend/Relative:

Lunch Preference: Wraps

Ham

Turkey

Veggie

Participant's Signature:

Date:

Office Use Only:

Date Paid: / /

Method of Pmnt: Cash

Check#

Credit Card