**"COPS AND BOBBERS" Event Details**

The Elizabethtown Police Department will sponsor our 7th Annual “Cops & Bobbers” FREE Youth Fishing Derby at Freeman Lake Park, located at 212 Freeman Lake Road in Elizabethtown KY. Kids ages 10 – 14 years old are invited to participate in the Derby. Families and friends are invited to share the day and encourage the participants!

The fishing derby provides all children an introduction to fishing and the responsibility of caring for our natural resources.

Rods & reels will along with live bait will be provided. All participants will be fishing from the shore.

Check in and begins at 9:30 am. The derby begins at 10 am and ends at 11:30 am.

Hotdogs and snacks will be provided to each registered participant at 11:30am. Prizes will be awarded for first fish, most fish, and longest fish caught in both the boys and girls division.

Contact Chris Denham by email at chris.denham@elizabethtownky.gov or call 270-765-4125.

*PLEASE RETURN YOUR COMPLETED APPLICATION TO:*

Officer Chris Denham

ELIZABETHTOWN POLICE DEPARTMENT

300 SOUTH MULBERRY STREET

ELIZABETHTOWN, KY 42701

Directions to Freeman Lake Park:

From US31W take Freeman Lake Road located next “The Peddlers Mall” Enter the Park and proceed toward the boat ramp.

**2019 “COPS & Bobbers”**

**June 1st, 2019**

**10:00 am-1:00 pm @ Freeman Lake Park, Elizabethtown, KY** Angler Last Name: Angler First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Angler Birthdate: CHILD’S GENDER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE: \_\_\_\_\_\_

Guardian: Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Authorization**

If there is an emergency during participation in this program and I or another parent or guardian is not present, I authorize treatment and care at any hospital and I hereby authorize the volunteers and staff of this program as my agents. If I cannot be reached please contact the following person who is hereby authorized to make medical decisions on my behalf.

Emergency Contact: Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Parent/Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Child’s Name) shall indemnify, defend and hold harmless the City of Elizabethtown, its agents and employees from and against all claims, damages and losses and expenses including attorney’s fees, as a result of this child’s participation in this activity.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date.