

Permission Slip

Please Print Legibly the fields below

Name of Child: _____

Parent/Guardian: _____

Relation: _____

Address: _____

Contact Number: _____

Email: _____

Name of Boat Captain: _____

Address: _____

Contact Number: _____

Description of Activity: Any Kentucky Youth Anglers League Event in the 2025-26 season.

I give my permission for the above named child to be in a vessel in which the above named person will be the boat captain and in charge of operating the vessel.

I certify that I am the legal parent/guardian of the above named child.

Parent/Guardian

Signature: _____ Date: _____